

St. Michael Parish



New Parishioner Registration Form

MEMBER #4 LIVING AT SAME ADDRESS

Full Name: _____ Preferred/Nick Name: _____

Relationship to Head of Household: Spouse Son Daughter Other: _____

Status at Parish: Active Inactive Gender: Male Female

Date of Birth: _____ / _____ / _____ Maiden Name: _____

Member Email: _____ Birth Place: _____

Religion: Catholic Work Phone: () - _____
 Other: _____ Cell Phone: () - _____

Occupation: _____ Marital Status: Married Single
 Divorced Widowed

Sacramental Information

Baptism _____ / _____ / _____ Church Name/Location: _____

First Reconciliation _____ / _____ / _____ Church Name/Location: _____

First Eucharist _____ / _____ / _____ Church Name/Location: _____

Confirmation _____ / _____ / _____ Church Name/Location: _____

Catholic Marriage _____ / _____ / _____ Church Name/Location: _____

MEMBER #5 LIVING AT SAME ADDRESS

Full Name: _____ Preferred/Nick Name: _____

Relationship to Head of Household: Spouse Son Daughter Other: _____

Status at Parish: Active Inactive Gender: Male Female

Date of Birth: _____ / _____ / _____ Maiden Name: _____

Member Email: _____ Birth Place: _____

Religion: Catholic Work Phone: () - _____
 Other: _____ Cell Phone: () - _____

Occupation: _____ Marital Status: Married Single
 Divorced Widowed

Sacramental Information

Baptism _____ / _____ / _____ Church Name/Location: _____

First Reconciliation _____ / _____ / _____ Church Name/Location: _____

First Eucharist _____ / _____ / _____ Church Name/Location: _____

Confirmation _____ / _____ / _____ Church Name/Location: _____

Catholic Marriage _____ / _____ / _____ Church Name/Location: _____

PARISHIONER REGISTRATION FORM

St. Michael Parish

1225 National Road
 Wheeling WV 26003
 304.242.1560

Rev: 10/28/15

FAMILY INFORMATION

Last Name:	_____	Registration Date:	_____ / _____ / _____
Family Email:	_____	Envelope Number:	_____
Home Phone:	() - _____	Emergency Phone:	() - _____

ADDRESS INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from home address)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please check all that apply

- OK to Publish Phone OK to Publish Address OK to Publish Email Wish to Receive Contributions Envelopes

HEAD OF HOUSEHOLD INFORMATION

Full Name:	_____	Preferred/Nick Name:	_____
Status at Parish:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	_____ / _____ / _____	Maiden Name:	_____
Member Email:	_____	Birth Place:	_____
Religion:	<input type="checkbox"/> Catholic	Work Phone:	() - _____
	<input type="checkbox"/> Other: _____	Cell Phone:	() - _____
Occupation:	_____	Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<i>Sacramental Information</i>			
<input type="checkbox"/> Baptism	_____ / _____ / _____	Church Name/Location:	_____
<input type="checkbox"/> First Reconciliation	_____ / _____ / _____	Church Name/Location:	_____
<input type="checkbox"/> First Eucharist	_____ / _____ / _____	Church Name/Location:	_____
<input type="checkbox"/> Confirmation	_____ / _____ / _____	Church Name/Location:	_____
<input type="checkbox"/> Catholic Marriage	_____ / _____ / _____	Church Name/Location:	_____

Please complete and return this form to the Parish Office.

MEMBER #2 LIVING AT SAME ADDRESS

Full Name: _____ Preferred/Nick Name: _____

Relationship to Head of Household: Spouse Son Daughter Other: _____

Status at Parish: Active Inactive Gender: Male Female

Date of Birth: _____ / _____ / _____ Maiden Name: _____

Member Email: _____ Birth Place: _____

Religion: Catholic Work Phone: () - _____
 Other: _____ Cell Phone: () - _____

Occupation: _____ Marital Status: Married Single
 Divorced Widowed

Sacramental Information

Baptism _____ / _____ / _____ Church Name/Location: _____

First Reconciliation _____ / _____ / _____ Church Name/Location: _____

First Eucharist _____ / _____ / _____ Church Name/Location: _____

Confirmation _____ / _____ / _____ Church Name/Location: _____

Catholic Marriage _____ / _____ / _____ Church Name/Location: _____

MEMBER #3 LIVING AT SAME ADDRESS

Full Name: _____ Preferred/Nick Name: _____

Relationship to Head of Household: Spouse Son Daughter Other: _____

Status at Parish: Active Inactive Gender: Male Female

Date of Birth: _____ / _____ / _____ Maiden Name: _____

Member Email: _____ Birth Place: _____

Religion: Catholic Work Phone: () - _____
 Other: _____ Cell Phone: () - _____

Occupation: _____ Marital Status: Married Single
 Divorced Widowed

Sacramental Information

Baptism _____ / _____ / _____ Church Name/Location: _____

First Reconciliation _____ / _____ / _____ Church Name/Location: _____

First Eucharist _____ / _____ / _____ Church Name/Location: _____

Confirmation _____ / _____ / _____ Church Name/Location: _____

Catholic Marriage _____ / _____ / _____ Church Name/Location: _____