

PARISHIONER REGISTRATION

Household Information:

Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

10144 42nd Ave
Georgetown Twp MI 49401
Ph: 616-895-2247

Envelope# _____
Date: _____



INDIVIDUAL INFORMATION

HEAD OF HOUSEHOLD

First Name _____ Middle _____ Goes by _____
Last Name _____ / _____
Maiden _____
Phone: (_____) _____ Email: _____
Date of Birth _____ Male ___ Female ___
City & State born in: _____
Occupation _____
(Position, retired, homemaker, etc.)
Place of work: _____

Marital Status (circle one)

Single Married Separated Divorced Annulled Widowed

Sacramental Information

Date of Marriage (if applicable) _____
Valid Catholic Marriage Yes ___ No ___

Baptized Catholic: Yes ___ Date _____ No ___

* would you like to be Baptized? Yes ___

- Denomination Non-Catholic _____

Completed Sacraments

___ Reconciliation ___ 1st Communion ___ Confirmation

Please list any special activities or ministry you would like to be involved with here at St. Luke

Special talents to share here at St. Luke

Would you like our priest to contact you about anything? Do you need a pastoral visit? **Yes** ___

SPOUSE

First Name _____ Middle _____ Goes by _____
Last Name _____ / _____
Maiden _____
Phone: (_____) _____ Email: _____
Date of Birth _____ Male ___ Female ___
City & State born in: _____
Occupation _____
(Position, retired, homemaker, etc.)
Place of work: _____

Marital Status (circle one)

Single Married Separated Divorced Annulled Widowed

Sacramental Information

Date of Marriage (if applicable) _____
Valid Catholic Marriage Yes ___ No ___

Baptized Catholic: Yes ___ Date _____ No ___

* would you like to be Baptized? Yes ___

- Denomination Non-Catholic _____

Completed Sacraments

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Please list any special activities or ministry you would like to be involved with here at St. Luke

Special talents to share here at St. Luke

Would you like our priest to contact you about anything? Do you need a pastoral visit? **Yes** ___

Turn for dependent children. If you do not have children under 18 stop here

DEPENDENT CHILDREN

CHILD INFORMATION

First Name Middle Last Name Goes by
____ Girl ____ Boy Date of Birth _____ City/State of Birth _____
Grade _____ School District _____ /Home Schooled? ____ First Language _____

Sacrament Information

Is your child baptized Catholic? Yes ____ Date _____ Church Name City & State _____

* Are you able to provide a copy of baptismal record? ____

- If not baptized, would you like to be contacted about getting baptized? ____

Sacraments Completed: 1st Communion/Reconciliation _____ Confirmation _____

Does your child have any special needs, medical conditions, or circumstances we should be aware of?

CHILD INFORMATION

First Name Middle Last Name Goes by
____ Girl ____ Boy Date of Birth _____ City/State of Birth _____
Grade _____ School District _____ /Home Schooled? ____ First Language _____

Sacrament Information

Is your child baptized Catholic? Yes ____ Date _____ Church Name City & State _____

* Are you able to provide a copy of baptismal record? ____

- If not baptized, would you like to be contacted about getting baptized? ____

Sacraments Completed: 1st Communion/Reconciliation _____ Confirmation _____

Does your child have any special needs, medical conditions, or circumstances we should be aware of?

CHILD INFORMATION

First Name Middle Last Name Goes by
____ Girl ____ Boy Date of Birth _____ City/State of Birth _____
Grade _____ School District _____ /Home Schooled? ____ First Language _____

Sacrament Information

Is your child baptized Catholic? Yes ____ Date _____ Church Name City & State _____

* Are you able to provide a copy of baptismal record? ____

- If not baptized, would you like to be contacted about getting baptized? ____

Sacraments Completed: 1st Communion/Reconciliation _____ Confirmation _____

Does your child have any special needs, medical conditions, or circumstances we should be aware of?

If you have more children, please add another page, or put on any sheet of paper