

PARISHIONER REGISTRATION

HOUSEHOLD INFORMATION

Last Name:

Street Address

City

State

Zip

10144 42nd Avenue
Georgetown Twp MI 49428
Phone: 616-895-2247



Envelope # _____

Date: _____

INDIVIDUAL INFORMATION

HEAD OF HOUSEHOLD

First Middle Goes by

Last Name Maiden

Phone # _____ Email _____

Birth Date _____ Male ___ Female ___

City & State Born: _____

Occupation/Retired: _____

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: Date _____

* Denomination if not Catholic _____

Not Baptized: Would you like to be Baptized:

Completed Sacraments

_____ 1st Communion _____ Confirmation

SPOUSE

First Middle Goes by

Last Name Maiden

Phone # _____ Email _____

Birth Date _____ Male ___ Female ___

City & State Born: _____

Occupation/Retired: _____

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: Date _____

* Denomination if not Catholic _____

Not Baptized: Would you like to be Baptized:

Completed Sacraments

_____ 1st Communion _____ Confirmation

Please list any special activities or ministries
you would like to be involved with:

Would you like our priest to contact you or
need a pastoral visit? _____

Do you have any special needs? If yes, what:

Please list any special activities or ministries
you would like to be involved with:

Would you like our priest to contact you or
need a pastoral visit? _____

Do you have any special needs? If yes, what:

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

DEPENDENT CHILDREN

Child Information

First Name _____ Middle _____ Last _____ Goes by _____

Boy ___ Girl ___ Date of Birth _____ City/State _____

Grade _____ School District/Home Schooled _____ 1st Language _____

Sacraments: Is your child baptized Catholic? Yes ___ Date _____ No ___

If not, would you like to be contacted? _____

Baptized at Church/City/State _____

1st Communion/Reconciliation: Date _____ Confirmation Date: _____

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

Child Information

First Name _____ Middle _____ Last _____ Goes by _____

Boy ___ Girl ___ Date of Birth _____ City/State _____

Grade _____ School District/Home Schooled _____ 1st Language _____

Sacraments: Is your child baptized Catholic? Yes ___ Date _____ No ___

If not, would you like to be contacted? _____

Baptized at Church/City/State _____

1st Communion/Reconciliation: Date _____ Confirmation Date: _____

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

Child Information

First Name _____ Middle _____ Last _____ Goes by _____

Boy ___ Girl ___ Date of Birth _____ City/State _____

Grade _____ School District/Home Schooled _____ 1st Language _____

Sacraments: Is your child baptized Catholic? Yes ___ Date _____ No ___

If not, would you like to be contacted? _____

Baptized at Church/City/State _____

1st Communion/Reconciliation: Date _____ Confirmation Date: _____

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