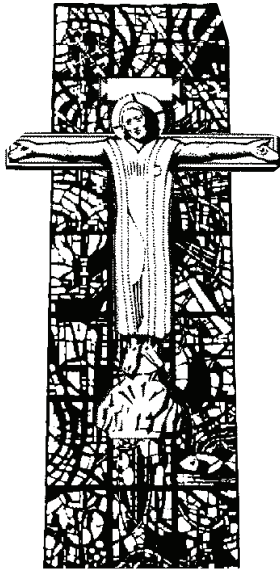


All Saints Parish

Parish Registration Form



Family Name: _____ Work Phone (His) _____

Address: _____ Work Phone (Hers) _____

Street

Cell Phone (His) _____

Cell Phone (Hers) _____

City State Zip

E-Mail (His) _____

Home Phone: _____

If you would like your home phone unlisted, please circle. Yes

E-Mail (Hers) _____

Please check box if you would like to use Electronic Fund Transfer for your contributions.

Please check box if you would like to continue to receive offertory envelopes despite signing up for Electronic Fund Transfer for your contributions.

INDIVIDUAL INFORMATION Please provide information for <u>each</u> member of household.						
First Name, Middle Initial Last Name (<i>only if different from family name</i>)	① Relationship	Birth Date (MM/DD/YR)	Religious Affiliation	② Marital Status	③ Sacraments Received	Occupation or School and Grade
					B R E C	
					B R E C	
					B R E C	
					B R E C	
					B R E C	
					B R E C	
					B R E C	
					B R E C	
					B R E C	

- ① Relationship: Self Spouse Son/Daughter Grandchild, etc.
- ② Marital Status: **M** – Married **S** – Single **W** – Widowed **S/D** – Separated/Divorced
- ③ Please circle (**above**) each Sacrament received.
B – Baptism **R** – Reconciliation **E** – Eucharist **C** – Confirmation

For Office Use Only.

Envelope Number _____ Registration Date _____

Check if New Parishioner Packet has been sent or given out _____

Initial of person who entered census information. _____

Misc. Notes: _____

revised July/2010