

Blessed Sacrament Catholic Church

Registration Form

(please print clearly)

Welcome to our parish family!

Cont. # _____
(office use only)

Family Last Name _____ Date _____

Mailing Address _____ Town & Zip _____

Physical Address (if different) _____

Home Phone _____ Home Email _____

Adult Household Member Information

Marital Status: Single () Married () Separated () Divorced () Widowed ()

Name: _____
(First) (Middle) (Last)
() Mr. () Mrs. () Miss () Ms. () Dr.

Nickname: _____

Maiden Name: _____

Date of Birth: _____

Religion: _____

Cell Phone: _____

Email: _____

Occupation: _____

Place of Business: _____

Business Phone: _____

Sacraments: (WITH DATES, if possible)

Baptism: (Y/N) Date: _____

1st Communion: (Y/N) Date: _____

Confirmation: (Y/N) Date: _____

Name: _____
(First) (Middle) (Last)
() Mr. () Mrs. () Miss () Ms. () Dr.

Nickname: _____

Maiden Name: _____

Date of Birth: _____

Religion: _____

Cell Phone: _____

Email: _____

Occupation: _____

Place of Business: _____

Business Phone: _____

Sacraments: (WITH DATES, if possible)

Baptism: (Y/N) Date: _____

1st Communion: (Y/N) Date: _____

Confirmation: (Y/N) Date: _____

Marriage Information

Marriage in the Catholic Church: Date: _____ Name of Church: _____

Marriage by other Denomination: Date: _____ Name of Church: _____

Civil Marriage: Date: _____ Location (City/State): _____

Non-Catholic Marriage Validated: Date: _____ Name of Church: _____

Permission to print name in bulletin: () Yes-permission given () No-do not print in bulletin

Mass you usually attend: () Saturday, 5:30pm

() Sunday, 7:00am () Sunday, 9:00am () Sunday, 11:00am () Sunday, 1:30pm Spanish

Continued on Reverse

Please enter children or other household members below:
(if you need more room, please add a page of your own with the same information requested below)

First Name: _____

Middle Name: _____

Last Name (if different): _____

Male () Female ()

Date of Birth: _____

Religion: _____

Sacraments: (WITH DATES, if possible)

Baptism: (Y/N) Date: _____

Church Name City State

1st Communion: (Y/N) Date: _____

Confirmation: (Y/N) Date: _____

First Name: _____

Middle Name: _____

Last Name (if different): _____

Male () Female ()

Date of Birth: _____

Religion: _____

Sacraments: (WITH DATES, if possible)

Baptism: (Y/N) Date: _____

Church Name City State

1st Communion: (Y/N) Date: _____

Confirmation: (Y/N) Date: _____

First Name: _____

Middle Name: _____

Last Name (if different): _____

Male () Female ()

Date of Birth: _____

Religion: _____

Sacraments: (WITH DATES, if possible)

Baptism: () Date: _____

Church Name City State

1st Communion: () Date: _____

Confirmation: () Date: _____

First Name: _____

Middle Name: _____

Last Name (if different): _____

Male () Female ()

Date of Birth: _____

Religion: _____

Sacraments: (WITH DATES, if possible)

Baptism: () Date: _____

Church Name City State

1st Communion: () Date: _____

Confirmation: () Date: _____

Parish ministries or activities family members are or would like to be involved in and also talents and skills you would like to share:

Name of Family Member:

Interested in what Ministries/Activities/Talents/Skills:

