



**EPIPHANY OF OUR LORD BYZANTINE CATHOLIC CHURCH**  
 2030 Old Alabama Rd, Roswell, GA 30076 ✦ 770-993-0973 ✦ office@epiphanybyz.org

Leave Blank

Reg:

Env:

ECL:

**CONFIDENTIAL PARISH REGISTRATION**

Today's Date: \_\_\_\_\_

Please Print and Complete Both Sides

NAME				
First Name:		Middle Name /Initial:		Last Name:
Street Address:			City:	State: Zip:
Home Phone:	Cell Phone:		E-Mail:	
Date of Birth: ____ / ____ / ____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Maiden Name:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced If Married: Anniversary Date _____				
If Married: <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Other/Civil Marriage Church, City, State of Catholic Marriage: _____				
Employer (Optional):		Profession, Occupation, Skill:		
Emergency Contact Name (not living in home):		Relationship:	Phone:	
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Orthodox <input type="checkbox"/> Other: _____		Rite: <input type="checkbox"/> Ruthenian Byzantine <input type="checkbox"/> Latin <input type="checkbox"/> Other: _____		
If you have canonically changed to the Ruthenian Byzantine Rite: <input type="checkbox"/> Previous Rite: _____ <input type="checkbox"/> Date & Church of Rite Change: _____				
Sacramental Record: <input type="checkbox"/> Baptism/Date: _____ <input type="checkbox"/> Chrismation/Confirmation:/Date: _____ <input type="checkbox"/> Eucharist/Date: _____				

SPOUSE (if applicable) or OTHER ADULT LIVING IN THE HOME				
First Name:		Middle Name/Initial:		Last Name:
Home Phone:	Cell Phone:		E-Mail:	
Date of Birth: ____ / ____ / ____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Maiden Name:
Marital Status (if Other Adult): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced If Married: Anniversary Date _____				

Employer (Optional):	Profession, Occupation, Skill:
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Orthodox <input type="checkbox"/> Other: _____	Rite: <input type="checkbox"/> Ruthenian Byzantine <input type="checkbox"/> Latin <input type="checkbox"/> Other: _____
If you have canonically changed to the Ruthenian Byzantine Rite: <input type="checkbox"/> Previous Rite: _____ <input type="checkbox"/> Date & Church of Rite Change: _____	
Sacramental Record: <input type="checkbox"/> Baptism/Date: _____ <input type="checkbox"/> Chrismation/Confirmation:/Date: _____ <input type="checkbox"/> Eucharist/Date: _____	

**DEPENDENT CHILDREN LIVING AT HOME**

First Name Last Name (if different):	Sex:	Birthdate: MM/DD/YY	Religion / Rite:	Baptism:	Chrismation/ Confirmation:	Eucharist:
	M / F		-----	Y / N	Y / N	Y / N
	M / F		-----	Y / N	Y / N	Y / N
	M / F		-----	Y / N	Y / N	Y / N
	M / F		-----	Y / N	Y / N	Y / N
	M / F		-----	Y / N	Y / N	Y / N
	M / F		-----	Y / N	Y / N	Y / N

*Please attach a separate sheet for additional children or other family members/relatives (e.g. parents) living with you.*

**OTHER SINGLE CHILDREN LIVING AWAY FROM HOME (such as College or elsewhere)**

First Name Last Name (if different):	Sex:	Birthdate: MM/DD/YY	Religion / Rite:	Baptism:	Chrismation/ Confirmation:	Eucharist:
	M / F		-----	Y / N	Y / N	Y / N
	M / F		-----	Y / N	Y / N	Y / N
	M / F		-----	Y / N	Y / N	Y / N

**OTHER INFORMATION or ANY SPECIAL NEEDS THAT A FAMILY MEMBER MAY HAVE**