

ST ELIZABETH ANN SETON PARISH Registration Form

PLEASE PRINT AND COMPLETE ALL SECTIONS

St. Elizabeth Ann Seton Parish Office, 2532 Burton St SE, Warren, Oh 44484

Phone: 330-393-9766 Fax: 330-393-0555

Family Last Name		Male's First Name			Female's First Name		
Street Address					Home Phone:		
					Cell Phone 1:		
					Cell Phone 2:		
City		State		Zip Code		Email:	
Do we have your permission to send faith lifting messages and church notices via email?					Yes		No

Personal Information

Male Head of Household					Female Head of Household								
First Name	Middle Initial	Birth Date(mm/dd/yyyy)			First Name	Middle Initial	Birth Date(mm/dd/yyyy)						
Marital Status (Please check One)	Married	Widowed	Single	Divorced	Marital Status (Please check One)	Married	Widowed	Single	Divorced				
If Married, was your marriage witnessed by a Catholic Priest					If Married, was your marriage witnessed by a Catholic Priest								
Yes		No			Yes		No						
Church:		Date:			Church:		Date:						
Location:					Location:								
Do you need assistance with annulment or validation?				Yes	No	Do you need assistance with annulment or validation?				Yes	No		
Religion	Baptized		Confirmed		Religion	Baptized		Confirmed					
	Yes	No	Yes	No		Yes	No	Yes	No				
I am a Convert		Attends Mass			I am a Convert		Attends Mass						
Yes		No			Yes		No						
Regularly		Occasionally			Regularly		Occasionally						
I am interested in becoming a Catholic					I am interested in becoming a Catholic								
Yes		No			Yes		No						
Never		Occasionally			Never		Occasionally						
Occupation		Education (list number of years)			Occupation		Education (list number of years)						
		Elementary	High School	College	Degree			Elementary	High School	College	Degree		
Employer				Work Phone				Employer				Work Phone	
Ministries/Involvement at Former Parish						Ministries/Involvement at Former Parish							

Children Living in Household (under 18 years of age) - continue on back side of form if needed

First Name	Middle Initial	Last Name (if different)	Birth Date mm/dd/yyyy	Baptized		Communion		Confirmed		School	Grade	Attends CCD	
				Yes	No	Yes	No	Yes	No			Yes	No

Other Adults Living in Household (including college students and military) – continue on back side of form if needed

Last Name	First Name	Birth Date (mm/dd/yyyy)	Family Relationship	Attends Mass		
				Regularly	Occasionally	Never

In case of emergency please contact: NAME _____ RELATIONSHIP _____
PHONE _____

Are there any members of household who have special needs? _____

Are there any members of household who are homebound? _____

Are you transferring from another parish? YES NO

Name and location of previous parish _____

For Office Use Only	Date:	Envelope #
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