

MEMBERSHIP REGISTRATION FORM – IGBO CATHOLIC COMMUNITY OF RALEIGH

FAMILY NAME _____

TODAY'S DATE _____

ADDRESS _____ **CITY** _____ **ZIP CODE** _____

HOME PHONE _____ **PREFERRED E-MAIL** _____ **LANGUAGE SPOKEN AT HOME:** *ENGLISH* _ *IGBO* _ *NIGERIAN* _

MARITAL STATUS: *MARRIED IN THE CATHOLIC CHURCH* ___ *MARRIED IN ANOTHER CHURCH* ___

CIVIL MARRIAGE ___ *FREE UNION* ___ *DIVORCED* ___ *WIDOW* ___ *SEPARATED* ___ *SINGLE (NEVER MARRIED)* ___

	ADULTS (INCLUDE MAIDEN NAME)	<u>GENDER</u>	<u>BIRTHDATE</u> MO-DAY-YR	<u>RELIGIÓN</u>	<u>BAPTISED</u> <u>CATHOLIC</u>	<u>CELL PHONE</u>	<u>E-MAIL</u>
MR / MRS MS / DR	FIRST & MIDDLE NAME	M / F			YES / NO		
MR / MRS MS / DR	FIRST & MIDDLE NAME (SPOUSE)	M / F			YES / NO		

	CHILDREN DEPENDENTS AT HOME & OTHER ADULTS AT HOME (INCLUDE LAST NAME IF DIFFERENT)	<u>GENDER</u>	<u>BIRTHDATE</u> MO-DAY-YR	<u>RELIGIÓN</u>	<u>BAPTISED</u> <u>CATHOLIC</u>	<u>RELATION TO THE HEAD</u>	<u>E-MAIL</u>
MR / MRS MS / DR		M / F			YES / NO		
MR / MRS MS / DR		M / F			YES / NO		
MR / MRS MS / DR		M / F			YES / NO		
MR / MRS MS / DR		M / F			YES / NO		
MR / MRS MS / DR		M / F			YES / NO		
MR / MRS MS / DR		M / F			YES / NO		
MR / MRS MS / DR		M / F			YES / NO		

FOR OFFICIAL USE: PARISH ID # ASSIGNED _____ *DIOCESE CID ASSIGNED* _____