



PARISH REGISTRATION FORM

Welcome to our Parish!

FOR OFFICE USE ONLY

Date Received: _____

ID #: _____ Env. # _____

PS OSV Env. File OSV OLG File

This form is also available online at WWW.STWENCESLAUS-SCAPPOOSE.COM

FAMILY NAME AND HOME MAILING ADDRESS

Family Last Name	How would you like your mail addressed? The default is The (last name) Family .			
___ First Name(s) ___ Mr. ___ Mrs. ___ Mr. and Mrs. ___ Miss ___ Ms. ___ Dr. and Mrs. ___ Dr. and Mr. ___ Dr. and Dr. ___ Dr. Other: _____				
Street Address or PO Box Number	APT#	City	State	Zip Code
Home Phone Number	Unlisted? ___Yes ___No		Family EMAIL Address _____	
When parish information goes out in emails, would you like to receive these? ___Yes ___No				

HEAD OF HOUSEHOLD MEMBER INFORMATION

Title	First Name	MI	Last Name(if not the same as Family Last Name)	Suffix
Nickname	Maiden Name		Gender ___M ___F	Birth date (MM/DD/YYYY)
Personal EMAIL _____			Work EMAIL _____	
Cell Phone Number	Unlisted? ___Yes ___No	Work Phone Number	EXT	Unlisted? ___Yes ___No
Current Marital Status: ___Married ___Single ___Separated ___Divorced ___Widowed If married, Date of Marriage / /				
Baptized? ___Yes ___No Catholic? ___Yes ___No If not Catholic, Baptized into which Denomination? _____				
Received 1 st Eucharist? ___Yes ___No Confirmed? ___Yes ___No				
Employer			Job Title	

SPOUSE/OTHER MEMBER INFORMATION

Title	First Name	MI	Last Name(if not the same as Family Last Name)	Suffix
Nickname	Maiden Name		Gender ___M ___F	Birth date (MM/DD/YYYY)
Personal EMAIL _____			Work EMAIL _____	
Cell Phone Number	Unlisted? ___Yes ___No	Work Phone Number	EXT	Unlisted? ___Yes ___No
Current Marital Status: ___Married ___Single ___Separated ___Divorced ___Widowed If married, Date of Marriage / /				
Baptized? ___Yes ___No* Catholic? ___Yes ___No *If not Catholic, baptized into which Denomination? _____				
Received 1 st Eucharist? ___Yes ___No Confirmed? ___Yes ___No				
Employer			Job Title	

**PLEASE LIST ALL CHILDREN LIVING AT THIS ADDRESS
WHO ARE UNDER THE AGE OF 21 OR STILL ATTENDING SCHOOL**

First Name	MI	Last Name (If different from Family Last Name)	Nickname	Gender ___ M ___ F	Birth Date / /
Child's personal cell phone #	Child's personal EMAIL address _____		What school does this Child attend		Grade
Baptized? ___ YES ___ NO Catholic? ___ YES ___ NO If not Catholic, Baptized into which Denomination? _____			Date of Baptism / /	Date of 1 st Eucharist / /	Date of Confirmation / /

First Name	MI	Last Name (If different from Family Last Name)	Nickname	Gender ___ M ___ F	Birth Date / /
Child's personal cell phone #	Child's personal EMAIL address _____		What school does this Child attend		Grade
Baptized? ___ YES ___ NO Catholic? ___ YES ___ NO If not Catholic, Baptized into which Denomination? _____			Date of Baptism / /	Date of 1 st Eucharist / /	Date of Confirmation / /

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Baptized? ___ YES ___ NO Catholic? ___ YES ___ NO If not Catholic, Baptized into which Denomination? _____			Date of Baptism / /	Date of 1 st Eucharist / /	Date of Confirmation / /

Please Note: Space for additional children can be found at the end of this form

PLEASE LIST ALL OTHER ADULTS LIVING AT THIS ADDRESS - ADULT CHILDREN LIVING AT HOME, PARENTS, ETC.

These individuals will receive their own membership number and will be assigned an Offertory envelope number.
They will also receive their own Parish mailings.

Title	First Name	MI	Last Name	Suffix
Nickname	Maiden Name		Gender ___M ___F	Birth date (MM/DD/YYYY)
Personal EMAIL _____			Work EMAIL _____	
Cell Phone Number	Unlisted? ___Yes ___No	Work Phone Number	EXT	Unlisted? ___Yes ___No
Current Marital Status: ___Married ___Single ___Separated ___Divorced ___Widowed If married, Date of Marriage / /				
Baptized? ___Yes ___No Catholic? ___Yes ___No If not Catholic, Baptized into which Denomination? _____				
Received 1 st Eucharist? ___Yes ___No Confirmed? ___Yes ___No				
Employer			Job Title	

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Personal EMAIL _____			Work EMAIL _____	
Cell Phone Number	Unlisted? ___Yes ___No	Work Phone Number	EXT	Unlisted? ___Yes ___No
Current Marital Status: ___Married ___Single ___Separated ___Divorced ___Widowed If married, Date of Marriage / /				
Baptized? ___Yes ___No Catholic? ___Yes ___No If not Catholic, Baptized into which Denomination? _____				
Received 1 st Eucharist? ___Yes ___No Confirmed? ___Yes ___No				
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Personal EMAIL _____			Work EMAIL _____	
Cell Phone Number	Unlisted? ___Yes ___No	Work Phone Number	EXT	Unlisted? ___Yes ___No
Current Marital Status: ___Married ___Single ___Separated ___Divorced ___Widowed If married, Date of Marriage / /				
Baptized? ___Yes ___No Catholic? ___Yes ___No If not Catholic, Baptized into which Denomination? _____				
Received 1 st Eucharist? ___Yes ___No Confirmed? ___Yes ___No				
Employer			Job Title	

**CONTINUATION LIST FOR CHILDREN LIVING AT THIS ADDRESS
WHO ARE UNDER THE AGE OF 21 OR STILL ATTENDING SCHOOL**

First Name	MI	Last Name (If different from Family Last Name)	Nickname	Gender ___ M ___ F	Birth Date / /
Child's personal cell phone #	Child's personal EMAIL address		What school does this Child attend		Grade
Baptized? ___ YES ___ NO Catholic? ___ YES ___ NO			Date of Baptism / /	Date of 1 st Eucharist / /	Date of Confirmation / /
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