

NEW PARISHIONER INFORMATION

Today's Date _____

PLEASE PRINT

This is a new registration or a change of information

| | | | |
|--|------------------|--------------|--------------------------------|
| Last Name _____ | First Name _____ | Spouse _____ | Mr. Mrs. M/M Ms. Engaged |
| Address _____ | | City _____ | Zip _____ |
| Contact Number (____) _____ Unlisted <input type="checkbox"/> yes <input type="checkbox"/> no Contact E-mail _____ | | | |

| | | | |
|-----------------------------------|---------------------------------------|---|---|
| Head of Household Name _____ | | <input type="checkbox"/> M <input type="checkbox"/> F | Occupation _____ |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Non-Catholic | D.O.B. ____/____/____ | Work Phone: _____ |
| Email: _____ | | Cell Phone: _____ | |
| <input type="checkbox"/> Baptized | <input type="checkbox"/> Penance | <input type="checkbox"/> 1st Communion | <input type="checkbox"/> Confirmation |
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced | <input type="checkbox"/> Engaged | <input type="checkbox"/> Married Date Married: ____/____/____ |

| | | | |
|-----------------------------------|---------------------------------------|---|---|
| Spouse Name _____ | | <input type="checkbox"/> M <input type="checkbox"/> F | Occupation _____ |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Non-Catholic | D.O.B. ____/____/____ | Work Phone: _____ |
| Email: _____ | | Cell Phone: _____ | |
| <input type="checkbox"/> Baptized | <input type="checkbox"/> Penance | <input type="checkbox"/> 1st Communion | <input type="checkbox"/> Confirmation |
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced | <input type="checkbox"/> Engaged | <input type="checkbox"/> Married Date Married: ____/____/____ |

| Name of other family members (living at home or away at school) | Relationship | D.O.B. | Grade | School | Male | Female | Special Needs? |
|--|--------------|----------------|-------|--------|--------------------------|--------------------------|--|
| _____ | _____ | ____/____/____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> yes <input type="checkbox"/> no |
| _____ | _____ | ____/____/____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> yes <input type="checkbox"/> no |
| _____ | _____ | ____/____/____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> yes <input type="checkbox"/> no |
| _____ | _____ | ____/____/____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> yes <input type="checkbox"/> no |

Add any others to back of sheet

Have moved from out of town _____ previous parish _____

Please indicate below if you wish to be contacted by a representative of any of the below listed organizations.

Welcome to Christ the King!

- | | | |
|--|--|--|
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Jr. High Ministry | <input type="checkbox"/> Sr. High Ministry |
| <input type="checkbox"/> RCIA | <input type="checkbox"/> Pre Cana Counseling | <input type="checkbox"/> Choirs |

| | | | | |
|---------------------------------------|--|---|----------------------------------|---|
| Office Use: | Registration Date: _____ | | | |
| <input type="checkbox"/> Data Entered | <input type="checkbox"/> Initial Contact | <input type="checkbox"/> Welcome/Temp Envelopes | <input type="checkbox"/> Diocese | <input type="checkbox"/> Staff Notification |

Return form in collection basket; mail to parish office; Fax 918-584-0055