

St. Philip Neri Catholic Church Parish Registration Form

This information is for Parish use only.

Today's Date: _____	Envelope # _____
---------------------	------------------

Family Info:	<p>Head of Household: Last Name: _____ First Name: _____ Title: _____ Maiden Name: _____ Religion: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Occupation: _____ Employer: _____ Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Religious <input type="checkbox"/> Other _____</p> <p>Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1st Penance: Yes No 1st Communion: Yes No Confirmation: Yes No Married on: _____ Church: _____ City/State: _____ Were you married in the Catholic Church? Yes No Were you previously married? Yes No Has this marriage been annulled? Yes No</p>	<p>Spouse: Last Name: _____ First Name: _____ Title: _____ Maiden Name: _____ Religion: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Occupation: _____ Employer: _____ Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Religious <input type="checkbox"/> Other _____</p> <p>Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1st Penance: Yes No 1st Communion: Yes No Confirmation: Yes No Were you previously married? Yes No Has this marriage been annulled? Yes No</p>
Phones: Email:	Home: _____ Cell: _____ Work: _____ Family Email: _____ Personal Email: _____	Cell: _____ Work: _____ Personal Email: _____

Mailing Address:	Mailing Address: _____ City/State/Zip: _____ Home Address: _____ City/State/Zip: _____ (if different from mailing address)	<p>Name of the Parish you are transferring from or Currently belong:</p> _____ _____
-------------------------	--	--