

ST. AUGUSTINE R. C. CHURCH REGISTRATION FORM

Parish use only:
Family Name _____
Envelope # _____
Date Recorded _____

Parish use only:
DATE OF
REGISTRATION

Are you registered at another parish: YES Where: _____ NO

Would you like to receive Parish Contribution Envelopes? YES NO

Would you like to use online giving (E-Giving)? YES NO

The website to signup & use online giving is: <https://www.parish-giving.org>

How did you hear about us? _____

I. Family Information

Last Name _____ First Name(s) _____

Mailing Name (i.e. Mr. & Mrs. John Doe) _____

Address _____ Language(s) Spoken in the Home: _____

City _____ State _____ Zip _____

Home Phone _____ - _____ Family Email _____

II. Individual Family Member Information

Role: _____
(Head of Household, husband, wife, fiancé, etc.)

Role: _____
(Head of Household, husband, wife, fiancé, etc.)

First Name _____

First Name _____

Maiden Name (if applicable):

Maiden Name (if applicable):

Date of Birth _____ M ___ F ___

Date of Birth _____ M ___ F ___

Email _____

Email _____

Occupation/Employer:

Occupation/Employer:

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Sacramental Information

Baptized: Yes ___ No ___ **Catholic:** Yes ___ No ___
Religion: _____

Baptized: Yes ___ No ___ **Catholic:** Yes ___ No ___
Religion: _____

Marital Status: _____ Valid Catholic Marriage Witnessed By A Priest: Yes ___ No ___

Date of Marriage: _____ Place of Marriage: _____

Baptism: Date: _____ Place: _____

Baptism: Date: _____ Place: _____

Reconciliation: Yes () No () Date: _____

Reconciliation: Yes () No () Date: _____

Place: _____

Place: _____

First Eucharist: Yes () No () Date: _____

First Eucharist: Yes () No () Date: _____

Place: _____

Place: _____

Confirmation: Yes () No () Date: _____

Confirmation: Yes () No () Date: _____

Place: _____

Place: _____

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III. Other Household Member Information - Child(ren)

A. Relationship to Head of Household: _____ (son, daughter, grandchild, etc.)

First Name _____ Last Name _____ Male ___ Female ___

Date of Birth: _____ Age: _____ First Language Spoken: _____

Sacramental Information

Baptized: Yes ___ No ___

Catholic: Yes ___ No ___

Date: _____ Place: _____

Reconciliation: Date: _____ Place: _____

First Eucharist: Date: _____ Place: _____

Confirmation: Date: _____ Place: _____

B. Relationship to Head of Household: _____ (son, daughter, grandchild, etc.)

First Name _____ Last Name _____ Male ___ Female ___

Date of Birth: _____ Age: _____ First Language Spoken: _____

Sacramental Information

Baptized: Yes ___ No ___

Catholic: Yes ___ No ___

Date: _____ Place: _____

Reconciliation: Date: _____ Place: _____

First Eucharist: Date: _____ Place: _____

Confirmation: Date: _____ Place: _____

C. Relationship to Head of Household: _____ (son, daughter, grandchild, etc.)

First Name _____ Last Name _____ Male ___ Female ___

Date of Birth: _____ Age: _____ First Language Spoken: _____

Sacramental Information

Baptized: Yes ___ No ___

Catholic: Yes ___ No ___

Date: _____ Place: _____

Reconciliation: Date: _____ Place: _____

First Eucharist: Date: _____ Place: _____

Confirmation: Date: _____ Place: _____