

# Resurrection Catholic Church

## Parish Registration

<b>Family Name</b>	Date Registered _____	Envelope/ID# _____
--------------------	-----------------------	--------------------

<b>Address</b>	<b>City</b>	<b>Zip Code</b>
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Non-Catholic Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
<b>Is your primary language English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, what is your language?</b> _____		
<b>Ethnicity</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		
<b>Church Attendance</b> <input type="checkbox"/> Regular/Full Time <input type="checkbox"/> Seasonal		
<b>Would you like envelopes for weekly donations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Would you like to enroll in e-giving?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Special Needs/Interests/Expectations:</b> _____ _____		

<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">First</th> <th style="width: 33%;">Middle</th> <th style="width: 34%;">Last Name</th> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Male   <input type="checkbox"/> Dr.   <input type="checkbox"/> Mr.  <input type="checkbox"/> Female   <input type="checkbox"/> Mrs.   <input type="checkbox"/> Ms.         </td> <td style="padding: 5px;">Date of Birth ____/____/____</td> <td style="padding: 5px;"> <input type="checkbox"/> Male   <input type="checkbox"/> Dr.   <input type="checkbox"/> Mr.  <input type="checkbox"/> Female   <input type="checkbox"/> Mrs.   <input type="checkbox"/> Ms.         </td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Nickname</b></td> <td style="padding: 5px;"><b>Maiden Name (if applicable)</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>Home Phone</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>Cell Phone</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>Email</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Occupation</b></td> <td style="padding: 5px;"><b>Place of Birth (City and State)</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>Religion</b></td> </tr> <tr> <td style="padding: 5px;"><b>Sacraments Received</b></td> <td style="padding: 5px;"><b>Date</b></td> <td style="padding: 5px;"><b>Parish (Church, City, ST)</b></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Baptism</td> <td style="padding: 5px;">____/____/____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> First Communion</td> <td style="padding: 5px;">____/____/____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Confirmation</td> <td style="padding: 5px;">____/____/____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Catholic Marriage</td> <td style="padding: 5px;">____/____/____</td> <td style="padding: 5px;">_____</td> </tr> </table>	First	Middle	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Female <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Date of Birth ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Female <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<b>Nickname</b>		<b>Maiden Name (if applicable)</b>	<b>Home Phone</b>			<b>Cell Phone</b>			<b>Email</b>			<b>Occupation</b>		<b>Place of Birth (City and State)</b>	<b>Religion</b>			<b>Sacraments Received</b>	<b>Date</b>	<b>Parish (Church, City, ST)</b>	<input type="checkbox"/> Baptism	____/____/____	_____	<input type="checkbox"/> First Communion	____/____/____	_____	<input type="checkbox"/> Confirmation	____/____/____	_____	<input type="checkbox"/> Catholic Marriage	____/____/____	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">First</th> <th style="width: 33%;">Middle</th> <th style="width: 34%;">Last Name</th> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Male   <input type="checkbox"/> Dr.   <input type="checkbox"/> Mr.  <input type="checkbox"/> Female   <input type="checkbox"/> Mrs.   <input type="checkbox"/> Ms.         </td> <td style="padding: 5px;">Date of Birth ____/____/____</td> <td style="padding: 5px;"> <input type="checkbox"/> Male   <input type="checkbox"/> Dr.   <input type="checkbox"/> Mr.  <input type="checkbox"/> Female   <input type="checkbox"/> Mrs.   <input type="checkbox"/> Ms.         </td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Nickname</b></td> <td style="padding: 5px;"><b>Maiden Name (if applicable)</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>Home Phone</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>Cell Phone</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>Email</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Occupation</b></td> <td style="padding: 5px;"><b>Place of Birth (City and State)</b></td> </tr> <tr> <td colspan="3" style="padding: 5px;"><b>Religion</b></td> </tr> <tr> <td style="padding: 5px;"><b>Sacraments Received</b></td> <td style="padding: 5px;"><b>Date</b></td> <td style="padding: 5px;"><b>Parish (Church, City, ST)</b></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Baptism</td> <td style="padding: 5px;">____/____/____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> First Communion</td> <td style="padding: 5px;">____/____/____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Confirmation</td> <td style="padding: 5px;">____/____/____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Catholic Marriage</td> <td style="padding: 5px;">____/____/____</td> <td style="padding: 5px;">_____</td> </tr> </table>	First	Middle	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Female <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Date of Birth ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Female <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<b>Nickname</b>		<b>Maiden Name (if applicable)</b>	<b>Home Phone</b>			<b>Cell Phone</b>			<b>Email</b>			<b>Occupation</b>		<b>Place of Birth (City and State)</b>	<b>Religion</b>			<b>Sacraments Received</b>	<b>Date</b>	<b>Parish (Church, City, ST)</b>	<input type="checkbox"/> Baptism	____/____/____	_____	<input type="checkbox"/> First Communion	____/____/____	_____	<input type="checkbox"/> Confirmation	____/____/____	_____	<input type="checkbox"/> Catholic Marriage	____/____/____	_____
First	Middle	Last Name																																																																													
<input type="checkbox"/> Male <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Female <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Date of Birth ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Female <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.																																																																													
<b>Nickname</b>		<b>Maiden Name (if applicable)</b>																																																																													
<b>Home Phone</b>																																																																															
<b>Cell Phone</b>																																																																															
<b>Email</b>																																																																															
<b>Occupation</b>		<b>Place of Birth (City and State)</b>																																																																													
<b>Religion</b>																																																																															
<b>Sacraments Received</b>	<b>Date</b>	<b>Parish (Church, City, ST)</b>																																																																													
<input type="checkbox"/> Baptism	____/____/____	_____																																																																													
<input type="checkbox"/> First Communion	____/____/____	_____																																																																													
<input type="checkbox"/> Confirmation	____/____/____	_____																																																																													
<input type="checkbox"/> Catholic Marriage	____/____/____	_____																																																																													
First	Middle	Last Name																																																																													
<input type="checkbox"/> Male <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Female <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Date of Birth ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Female <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.																																																																													
<b>Nickname</b>		<b>Maiden Name (if applicable)</b>																																																																													
<b>Home Phone</b>																																																																															
<b>Cell Phone</b>																																																																															
<b>Email</b>																																																																															
<b>Occupation</b>		<b>Place of Birth (City and State)</b>																																																																													
<b>Religion</b>																																																																															
<b>Sacraments Received</b>	<b>Date</b>	<b>Parish (Church, City, ST)</b>																																																																													
<input type="checkbox"/> Baptism	____/____/____	_____																																																																													
<input type="checkbox"/> First Communion	____/____/____	_____																																																																													
<input type="checkbox"/> Confirmation	____/____/____	_____																																																																													
<input type="checkbox"/> Catholic Marriage	____/____/____	_____																																																																													

See Other Side

Rev. 04/2021

**Others living in the home**

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_

---

**Relationship** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

**Sacraments Received**      **Date**      **Parish (Church, City, ST)**

Baptism                      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

First Communion            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Confirmation                \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Catholic Marriage            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_

---

**Relationship** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

**Sacraments Received**      **Date**      **Parish (Church, City, ST)**

Baptism                      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

First Communion            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Confirmation                \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Catholic Marriage            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_

---

**Relationship** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

**Sacraments Received**      **Date**      **Parish (Church, City, ST)**

Baptism                      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

First Communion            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Confirmation                \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Catholic Marriage            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_

---

**Relationship** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

**Sacraments Received**      **Date**      **Parish (Church, City, ST)**

Baptism                      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

First Communion            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Confirmation                \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Catholic Marriage            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_

---

**Relationship** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

**Sacraments Received**      **Date**      **Parish (Church, City, ST)**

Baptism                      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

First Communion            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Confirmation                \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Catholic Marriage            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_

---

**Relationship** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

**Sacraments Received**      **Date**      **Parish (Church, City, ST)**

Baptism                      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

First Communion            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Confirmation                \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

Catholic Marriage            \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_

**Previous Parish, City, and State** \_\_\_\_\_

**I/We would like to be involved with the following Ministries and/or talents that we can give to the Church:**

<b>Name:</b>	<b>Ministry/Volunteer/Skill:</b>
_____	_____
_____	_____
_____	_____

- \_\_\_\_\_ Entered in PS
- \_\_\_\_\_ Added to Online Directory
- \_\_\_\_\_ Email added to Dist.
- \_\_\_\_\_ Email or Letter Sent
- \_\_\_\_\_ Copy to Welcome Committee
- \_\_\_\_\_ Info to Bulletin
- \_\_\_\_\_ MOC Area: