

ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH PARISH REGISTRATION FORM



Title: Mr. / Mrs. Mr. Mrs. Ms. Dr. Rank, etc. _____ Date : ____ / ____ / ____

Family Last Name _____

Street Address _____

City, State, Zip Code _____

Primary Phone Number () _____

Employer (His) _____ Work phone # _____

Employer (Hers) _____ Work phone # _____

Occupation (His) _____ Email (His) _____

Occupation (Hers) _____ Email (Hers) _____

Cell Phone # (His) _____ Cell Phone # (Hers) _____

Family Member Information

List your **first name** (plus last name if different) and the names of **everyone living with you** (does not apply to college roommates.)

	<u>Date of Birth</u> (month/date/year) & <u>Gender</u> M-Male F-Female	<u>Marital Status</u> S-single M-married W-widowed Sp-separated D-divorced	<u>Each person's relationship to household</u> H-husband W-wife S-son D-daughter R-relative or non-R SH-single head of household SA-single adult	<u>Religious Affiliation</u> (Ca-Catholic Pr-Presbyterian Ox-Orthodox Pe- Pentecostal Me-Methodist Je-Jewish Bp-Baptist Ep-Episcopal Lu-Lutheran CC-Church of Christ Ev-Evangelical Nr-No Religion Other-Please specify	<u>Sacraments Received</u> B-Baptism P-Penance F-First Communion C-Confirmation <u>Religious Ed</u> (CFF- for school age children) Yes or No <u>Current Grade Level</u>	<u>Do you wish to receive contribution envelopes?</u> Yes or No
(examples) John	3/16/73 M	M	H	Ca	B,P,F Yes 5th	Yes

Comments/Other Information: If you are a single adult and would like to give the church office an emergency contact name and phone number, you may do so here. Also, if you are retired, you may list your prior occupation here:

St. Michael the Archangel Catholic Church
1100 North College Street
Auburn, AL 36830

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 Rectory: (334) 209-1086 Campus Ministry: (334) 209-1711
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 Catholic Week _____
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 Michelle _____ Rudi _____ 8/18