

ST. FRANCIS OF ASSISI PARISH REGISTRATION FORM

Date: _____ **Office use only: Registration #** _____ **Envelope#** _____

Family Name: _____ Address: _____

Home Phone Number: _____ City: _____ Zip: _____

Name and location of previous Parish: _____

Permission to publish phone, address, email in Parish Directory: Phone: Yes No Address: Yes No Email: Yes No

Head(s) of Household:

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Place of Employment: _____ Place of Employment: _____

Work Phone: _____ Work Phone: _____

Date of Birth: _____ Date of Birth: _____

Personal Email _____ Personal Email _____

Family Email _____

Are you baptized? Yes No Catholic Other Are you baptized? Yes No Catholic Other

Have you received First Communion? Yes No Have you received First Communion? Yes No

Are you a Confirmed Catholic? Yes No Are you a Confirmed Catholic? Yes No

Are you married in the Catholic Church? Yes No When _____ Where _____
 Divorced? Yes No Single? Yes No

Children and others in the Household:

| Name | Gender | Birthdate | Baptism Date | 1 st Comm. Date | Confirmation Date | Grade |
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Do you want to receive offering envelopes? Yes No

Would you like to receive the diocesan newspaper, the "Intermountain Catholic?" Yes No

Is anyone interested in: Religious Education Youth Group Newman Club Leisure Club Knights of Columbus Bible Study
 Handicrafts Women of St. Francis Liturgical Ministries (Lectors, Eucharistic Ministers, Altar Servers)

Please list any special skills or special needs you have: