

Family Name: _____

Parishioner Registration Form

Date: _____
(Office Use Only)

Registration Date: _____

Envelope Number: _____
(Office Use Only)

Address: _____ / _____ / _____
Street Apt. # Sub-Division/Apartment Complex City Zip

Home Phone: () _____ Cell () _____ E-Mail: _____

Mr./Mrs. () Mrs. ()
Dr./Mrs. () Miss ()
Mr. () Ms. ()
Dr. () Other ()
(please check one)
Do you want your e-mail address in the directory? Yes ___ No ___
(Mailing address (if different from above) Do you want your phone number in the directory? Yes ___ No ___
Do you want your address in the directory? Yes ___ No ___

	Head of Household	Spouse	*Child	Child	Child	**Other
First Name						
Middle or Maiden						
Last Name						
Religion (Catholic/NC)						
Sex (M/F)						
Birth Date (Mo/Day/Yr)						
Baptized (yes/no)						
First Penance (yes/no)						
First Communion (yes/no)						
Confirmed (yes/no)						
Student (yes/no)						
Name of School						
Marital Status (M.S.W.D.)						
Married (Date)						
Occupation						
Work Phone						

List only dependent children living with you or away at school.

*Indicate relationship to head of household.

Please take the time to fill out both front/back as completely as possible. List any special needs (shut-in etc.) on the back.

Saint Anne Catholic Church
P.O. Box 648
Richmond Hill, GA. 31324

Please check all areas of interest:

- Lector
- Choir
- CCW – Council of Catholic Women
- Usher
- Eucharistic Minister
- CCD – Religious Education
- K of C – Knights of Columbus
- CYM – Youth Group
- Altar Server
- Christian Social Service
- Pro-Life
- Buildings & Grounds

List any special needs of your family (shut-in etc.) _____

List other children if needed