

DATE: \_\_\_\_\_

**INFANT OF PRAGUE CATHOLIC CHURCH  
NEW PARISHIONER REGISTRATION FORM**

**MARRIED – PART 1**

**LAST NAME:** \_\_\_\_\_

**HUSBAND – FIRST NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SACRAMENTS :** BAPTISM \_\_\_\_ FIRST COMMUNION \_\_\_\_ CONFIRMATION \_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**WIFE – FIRST NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SACRAMENTS RECEIVED:** BAPTISM \_\_\_\_ FIRST COMMUNION \_\_\_\_ CONFIRMATION \_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**FULL MAILING ADDRESS:** \_\_\_\_\_

**PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)

**E-MAIL:** \_\_\_\_\_

**MARRIAGE:** \_\_\_\_ MARRIED IN CATHOLIC CHURCH \_\_\_\_ MARRIED OUTSIDE THE CATHOLIC CHURCH

**DO YOU WISH TO RECEIVE THE CHURCH OFFERING ENVELOPES?** \_\_\_\_ YES \_\_\_\_ NO

**SINGLE**

**LAST NAME**

**FIRST NAME**

\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SACRAMENTS RECEIVED:** BAPTISM \_\_\_\_ FIRST COMMUNION \_\_\_\_ CONFIRMATION \_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**FULL MAILING ADDRESS:** \_\_\_\_\_

**PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)

**E-MAIL:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_ SINGLE \_\_\_\_ DIVORCED \_\_\_\_ DIVORCED WITH ANULMENT \_\_\_\_ WIDOW/WIDOWER

**DO YOU WISH TO RECEIVE THE CHURCH OFFERING ENVELOPES?** \_\_\_\_ YES \_\_\_\_ NO

**PART 2 – FAMILY INFORMATION**

**IF LAST NAME IS DIFFERENT FROM YOURS PLEASE INDICATE LAST NAME**

<u>CHILDREN'S NAMES:</u>	<u>BIRTH DATE:</u>	<u>SACRAMENTS RECEIVED:</u>
_____	_____	BAPT. ___ 1 <sup>ST</sup> COMM. ___ CONFIRM. ___
_____	_____	BAPT. ___ 1 <sup>ST</sup> COMM. ___ CONFIRM. ___
_____	_____	BAPT. ___ 1 <sup>ST</sup> COMM. ___ CONFIRM. ___
_____	_____	BAPT. ___ 1 <sup>ST</sup> COMM. ___ CONFIRM. ___
_____	_____	BAPT. ___ 1 <sup>ST</sup> COMM. ___ CONFIRM. ___
_____	_____	BAPT. ___ 1 <sup>ST</sup> COMM. ___ CONFIRM. ___
_____	_____	BAPT. ___ 1 <sup>ST</sup> COMM. ___ CONFIRM. ___

**CHILDREN OVER THE AGE OF 18 SHOULD BE REGISTERED INDIVIDUALLY AS AN ADULT**

IF AGE, ILLNESS OR OTHER FAMILY CIRCUMSTANCES WOULD PROHIBIT YOUR PARTICIPATION WOULD YOU PLEASE INDICATE SO: \_\_\_\_\_

IS ANY MEMBER OF YOUR FAMILY HOMEBOUND? \_\_\_\_\_

FOR THOSE WHO ARE HOMEBOUND, WOULD YOU LIKE TO HAVE COMMUNION BROUGHT TO THEM IN THE HOME? \_\_\_\_\_

**PLEASE CONTACT ME WITH MORE INFORMATION ON THE FOLLOWING:**

- |                           |                                     |
|---------------------------|-------------------------------------|
| _____ KNIGHTS OF COLUMBUS | _____ CATHOLIC DAUGHTERS OF AMERICA |
| _____ SENIOR YOUTH GROUP  | _____ MARRIAGE ENCOUNTER            |
| _____ 50+ CLUB            | _____ RESPECT LIFE MINISTRY         |
| _____ CHOIR               | _____ FOLK GROUP                    |

**I/WE ARE INTERESTED IN SERVING IN THE FOLLOWING MINISTRIES. (PLEASE GIVE US THE NAME OF THE PERSON INTERESTED IN SERVING):**

- |                                      |                                           |
|--------------------------------------|-------------------------------------------|
| _____ LECTOR                         | _____ COMMENTATOR                         |
| _____ ALTAR SERVERS (BOYS & GIRLS )  | _____ EUCHARISTIC MINISTERS               |
| _____ HOSPITALITY MINISTERS (USHERS) | _____ SOUP KITCHEN                        |
| _____ PARISH COUNCIL                 | _____ FINANCE COUNCIL                     |
| _____ SCHOOL VOLUNTEER               | _____ FAITH FORMATION/RELIGIOUS EDUCATION |
| _____ THRIFT SHOP                    | _____ NEW PARISHIONER WELCOME COMMITTEE   |
| _____ R.C.I.A. TEAM/R.C.I.A. SPONSOR |                                           |

When complete please send to:  
E-MAIL: [IOP1@EC.RR.COM](mailto:IOP1@EC.RR.COM)

MAIL: INFANT OF PRAGUE CHURCH  
205 CHANEY AVE.  
JACKSONVILLE, NC 28540