

PARISH REGISTRATION FORM - PLEASE PRINT ALL INFORMATION CLEARLY

We like to recognize our new members by publishing their names in the bulletin. If you would not like to have your name published, please indicate this by checking the appropriate line below:

_____ YES, you may publish our names

_____ NO, I do not wish to have our names published

DATE: _____

LAST NAME: _____

MAILING ADDRESS: _____

CITY/ZIP CODE: _____

PHONE NUMBER: _____ HOME _____ CELL _____

E-MAIL: _____

DO YOU WISH TO RECEIVE THE CHURCH CONTRIBUTION ENVELOPES? _____ YES _____ NO

FAMILY INFORMATION

Please complete ALL information below - Please use proper names and not nicknames

HUSBAND: _____
First Name

Date of Birth: _____ (Month, Day, Year)

Religion: _____

Occupation: _____

Sacraments: Baptism: _____ Yes _____ No
 Communion: _____ Yes _____ No
 Confirmation: _____ Yes _____ No
 Profession of Faith: _____ Yes _____ No

Disabilities: _____

WIFE: _____
First Name

Date of Birth: _____ (Month, Day, Year)

Religion: _____

Occupation: _____

Sacraments: Baptism: _____ Yes _____ No
 Communion: _____ Yes _____ No
 Confirmation: _____ Yes _____ No
 Profession of Faith: _____ Yes _____ No

Disabilities: _____

MARITAL STATUS: _____ SINGLE
 _____ MARRIED IN THE CATHOLIC CHURCH
 _____ MARRIED OUTSIDE THE CATHOLIC CHURCH
 _____ DIVORCED
 _____ DIVORCED WITH ANNULMENT
 _____ WIDOW/WIDOWER

PLEASE LIST **ONLY CHILDREN UNDER THE AGE OF 21 LIVING IN THE HOME**, CHILDREN OVER THE AGE OF 21 SHOULD REGISTER SEPARATELY AS ADULTS.

CHILD: _____ *Last Name (If different than parent)* _____

 First Name
 Date of Birth: _____ (Month, Day, Year) Religion: _____
 Sacraments: Baptism: _____ Yes _____ No Disabilities: _____
 Communion: _____ Yes _____ No _____
 Confirmation: _____ Yes _____ No _____
 Profession of Faith: _____ Yes _____ No _____

CHILD: _____ *Last Name (If different than parent)* _____

 First Name
 Date of Birth: _____ (Month, Day, Year) Religion: _____
 Sacraments: Baptism: _____ Yes _____ No Disabilities: _____
 Communion: _____ Yes _____ No _____
 Confirmation: _____ Yes _____ No _____
 Profession of Faith: _____ Yes _____ No _____

CHILD: _____ *Last Name (If different than parent)* _____

 First Name
 Date of Birth: _____ (Month, Day, Year) Religion: _____
 Sacraments: Baptism: _____ Yes _____ No Disabilities: _____
 Communion: _____ Yes _____ No _____
 Confirmation: _____ Yes _____ No _____
 Profession of Faith: _____ Yes _____ No _____

CHILD: _____ *Last Name (If different than parent)* _____

 First Name
 Date of Birth: _____ (Month, Day, Year) Religion: _____
 Sacraments: Baptism: _____ Yes _____ No Disabilities: _____
 Communion: _____ Yes _____ No _____
 Confirmation: _____ Yes _____ No _____
 Profession of Faith: _____ Yes _____ No _____

CHILD: _____ *Last Name (If different than parent)* _____

 First Name
 Date of Birth: _____ (Month, Day, Year) Religion: _____
 Sacraments: Baptism: _____ Yes _____ No Disabilities: _____
 Communion: _____ Yes _____ No _____

Confirmation: _____ Yes _____ No _____
Profession of Faith: _____ Yes _____ No _____

CHILD: _____ *Last Name (If different than parent)* _____
First Name

Date of Birth: _____ (Month, Day, Year) Religion: _____

Sacraments: Baptism: _____ Yes _____ No Disabilities: _____
Communion: _____ Yes _____ No _____
Confirmation: _____ Yes _____ No _____
Profession of Faith: _____ Yes _____ No _____

_____ MY CHILDREN ARE CURRENTLY ENROLLED AT INFANT OF PRAGUE SCHOOL

_____ WE ARE INTERESTED IN ENROLLING OUR CHILDREN AT INFANT OF PRAGUE SCHOOL

_____ MY CHILDREN ARE CURRENTLY ENROLLED WITH INFANT OF PRAGUE FAITH FORMATION PROGRAM

_____ WE ARE INTERESTED IN ENROLLING OUR CHILDREN WITH INFANT OF PRAGUE FAITH FORMATION PROGRAM

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? _____

**I / WE ARE INTERESTED IN SERVICE IN THE FOLLOWING MINISTRIES/ GROUPS:
PLEASE LIST THE NAME OF THE PERSON(S) INTERESTED IN SERVING**

LITURGICAL MINISTRIES:

ALTAR SERVERS: _____ (Name)

LECTOR OR COMMENTATOR: _____ (Name)

EUCCHARISTIC MINISTERS: _____ (Name)

HOSPITALITY MINISTERS (Usher): _____ (Name)

FORMATION PROGRAMS:

SCHOOL VOLUNTEER: _____ (Name)

FAITH FORMATION CATECHIST / AIDE / VOLUNTEER: _____ (Name)

(RCIA) RITE OF CHRISTIAN INITIATION OF ADULTS TEAM MEMBER: _____ (Name)

(RCIA) RITE OF CHRISTIAN INITIATION OF ADULTS SPONSOR: _____ (Name)

PARISH COMMITTEES, GROUPS / ORGANIZATIONS:

PARISH COUNCIL: _____ (Name)

FINANCE COUNCIL: _____ (Name)

THRIFT SHOP VOLUNTEER: _____ (Name)

THRIFT SHOP WAREHOUSE VOLUNTEER: _____ (Name)

FUNDRAISERS: _____ (Name)

SENIOR YOUTH GROUP: _____ (Name)

KNIGHTS OF COLUMBUS: _____ (Name)

CATHOLIC DAUGHTERS OF AMERICA: _____ (Name)

JR. CATHOLIC DAUGHTERS: _____ (Name)

RESPECT LIFE MINISTRY: _____ (Name)

50+ CLUB: _____ (Name)

REMINDER: Registration forms that have not been completed in full will be returned to you for completion