

For office use only: Do not write in this section

Date entered: _____ Envelope. # _____ 2nd ID # _____ PDS Card Letter
Contributions: Electronic Giving Mailing Envelopes Christmas & Easter ONLY

ST. EDWARD PARISH REGISTRATION (Please Type or Print)

PRINT

Complete the form, save it to your computer. Print a copy to bring to the Parish Office or email it to stedwardrectoryja@sbcglobal.net

New Registration **Update Information** Date _____

Date moved to Parish _____ from _____ Parish

PLEASE USE THE NAME YOU WISH TO BE REGISTERED AS IN THE PARISH: Mr Mrs Ms Dr

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Unit: _____

City/State/Zip: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____

E-mail Address: _____ Occupation _____

Head of Household Male Female (Maiden Name) _____

Date of Birth: _____ Place of Birth: _____ (City/State /Country)

Religion: _____ Primary Language: _____ Ethnicity: _____

Marital Status: Single Married Separated Divorced Widowed

If married, type of Marriage: Catholic Civil Minister Other

Married at: Name of Church/Civil Place: _____

City/State _____ Country _____ Date of Marriage: _____

SACRAMENTS RECEIVED: Indicate dates and/or year, if known

Baptism _____ Reconciliation _____ 1st Communion _____ Confirmation _____

IF MARRIED: PLEASE COMPLETE THE FOLLOWING FOR YOUR SPOUSE: Mr Mrs Ms Dr

Last Name: _____ First Name: _____ Middle: _____

Head of Household Male Female (Maiden Name) _____

Date of Birth: _____ Place of Birth: _____ (City/State /Country)

Religion: _____ Primary Language: _____ Ethnicity: _____

Cell: _____ Work Phone: _____

E-mail Address: _____ Occupation _____

SACRAMENTS RECEIVED: Indicate dates and/or year, if known

Baptism _____ Reconciliation _____ 1st Communion _____ Confirmation _____

ST. EDWARD PARISH REGISTRATION FORM (Please Type or Print) **Page 2**

CHILDREN: Please list oldest child first

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____ (City/State /Country)

Primary Language: _____ Ethnicity _____ Religion _____

Does your child attend St. Edward School ? Yes No

SACRAMENTS RECEIVED: Indicate dates and/or year, if known

Baptism _____ Reconciliation _____ 1st Communion _____ Confirmation _____

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Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____ (City/State /Country)

Primary Language: _____ Ethnicity _____ Religion _____

Does your child attend St. Edward School ? Yes No

SACRAMENTS RECEIVED: Indicate dates and/or year, if known

Baptism _____ Reconciliation _____ 1st Communion _____ Confirmation _____

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Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____ (City/State /Country)

Primary Language: _____ Ethnicity _____ Religion _____

Does your child attend St. Edward School ? Yes No

SACRAMENTS RECEIVED: Indicate dates and/or year, if known

Baptism _____ Reconciliation _____ 1st Communion _____ Confirmation _____

OTHER FAMILY MEMBER RESIDING WITH YOU:

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____ (City/State or Country)

Primary Language: _____ Ethnicity _____ Religion _____

Relationship: _____ **(Parent, Adult Child, Aunt, Uncle, etc.)**

Marital Status: Single Married Separated Divorced Widowed

SACRAMENTS RECEIVED: Indicate dates and/or year, if known

Baptism _____ Reconciliation _____ 1st Communion _____ Confirmation _____