

CORPUS CHRISTI CATHOLIC CHURCH

ENV # _____

REGISTRATION DATE _____

FAMILY INFORMATION

FAMILY LAST NAME: _____ MAILING NAME: _____
(Last name of head of household) (Example: Mr. and Mrs. John Doe)

MAILING ADDRESS: _____
(Example: 12345 W Maple Ln or PO BOX 1234)

CITY: _____ ZIP CODE: _____ HOME PHONE: _____

EMERGENCY PHONE: _____ EMAIL: _____

INDIVIDUAL MEMBER INFORMATION

ROLE HEAD OF HOUSEHOLD

FIRST NAME: _____

NICKNAME: _____

LAST NAME: _____

DATE OF BIRTH _____

CELL PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

ETHNICITY (CIRCLE ONE):

- WHITE
- AFRICAN AMERICAN
- HISPANIC: _____
- FILIPINO
- KOREAN
- VIETNAMESE
- OTHER: _____

RELIGION: _____

SACRAMENTAL INFORMATION:

BAPTIZED: Y / N

DATE: _____

FIRST COMMUNION; Y / N

DATE: _____

CONFIRMATION: Y / N

DATE: _____

ROLE (Please Circle One): HUSBAND / WIFE

FIRST NAME: _____

NICKNAME: _____

LAST/MAIDEN NAME: _____

DATE OF BIRTH _____

CELL PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

ETHNICITY (CIRCLE ONE):

- WHITE
- AFRICAN AMERICAN
- HISPANIC: _____
- FILIPINO
- KOREAN
- VIETNAMESE
- OTHER: _____

RELIGION: _____

SACRAMENTAL INFORMATION:

BAPTIZED: Y / N

DATE: _____

FIRST COMMUNION; Y / N

DATE: _____

CONFIRMATION: Y / N

DATE: _____

MARITAL STATUS: _____
(Single, Divorced, Separated, Annulled)

IS THIS A CATHOLIC MARRIAGE? Y / N

DATE OF MARRIAGE: _____

Please check this box if you would like more information about marriage in the Catholic Church

CHURCH NAME/CITY/STATE: _____



PLEASE LIST OTHER MEMBERS OF THE HOUSHOLD ON THE BACK OF THIS FORM

OTHER ADULTS LIVING IN YOUR HOUSEHOLD

Relationship to Head of Household <i>(Ex: Mother, Father, Cousin)</i>	Full Name <i>(Include last name)</i>	Gender <i>(Circle One)</i>	Birthdate <i>(MM/DD/YY)</i>	Religion
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1. _____ M / F _____

Check if Sacrament Received
Please add date if known: **Baptism** _____ **First Communion** _____ **Confirmation** _____
MM/DD/YY MM/DD/YY MM/DD/YY

2. _____ M / F _____

Check if Sacrament Received
Please add date if known: **Baptism** _____ **First Communion** _____ **Confirmation** _____
MM/DD/YY MM/DD/YY MM/DD/YY

PLEASE USE ANOTHER FORM IF THERE ARE ADDITIONAL ADULTS LIVING IN YOUR HOME

DEPENDANT CHILDREN LIVING IN YOUR HOUSHOLD

Relationship to Head of Household <i>(Ex: Son, Daughter, Nephew)</i>	Full Name <i>(Include last name if different than you)</i>	Gender <i>(Circle One)</i>	Birthdate <i>(MM/DD/YY)</i>	School Grade <i>(PreK – 12)</i>
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1. _____ M / F _____

Check if Sacrament Received
Please add date if known: **Baptism** _____ **First Communion** _____ **Confirmation** _____
MM/DD/YY MM/DD/YY MM/DD/YY

2. _____ M / F _____

Check if Sacrament Received
Please add date if known: **Baptism** _____ **First Communion** _____ **Confirmation** _____
MM/DD/YY MM/DD/YY MM/DD/YY

3. _____ M / F _____

Check if Sacrament Received
Please add date if known: **Baptism** _____ **First Communion** _____ **Confirmation** _____
MM/DD/YY MM/DD/YY MM/DD/YY

4. _____ M / F _____

Check if Sacrament Received
Please add date if known: **Baptism** _____ **First Communion** _____ **Confirmation** _____
MM/DD/YY MM/DD/YY MM/DD/YY

PLEASE USE ANOTHER FORM IF THERE ARE ADDITIONAL CHILDREN LIVING IN YOUR HOME

PLEASE COMPLETE THIS SECTION IF YOU HAVE ANY ADDITIONAL RELIGIOUS OR SACRAMENTAL NEEDS:

I am becoming a registered member of Corpus Christi Catholic Church because:
