

## ST. ELIZABETH PARISH REGISTRATION

Permanent Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is this unpublished or unlisted:  Yes  No

Description	Head of House	Spouse
<b>*First Name &amp; Middle Initial</b>		
<b>*Last Name</b>		
<b>*Maiden Name (if applicable)</b>		
<b>*Gender (M/F)</b>		
<b>*Date of Birth (MM/DD/YYYY)</b>		
<b>*Email Address</b>		
<b>*Religion</b>		
Marital Status <small>(Married, Single, Widowed, Separated, Divorced)</small>		
Date of Marriage		
Marriage Location (Church/City/State)		
Ethnic Heritage		
Language spoken other than English		
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____
First Reconciliation (Confession)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____
Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date if known _____
Former Parish		

**\* R E Q U I R E D**

**PLEASE FILL OUT BACK SIDE OF FORM**

**DEPENDENT CHILDREN** (Please list all children living in household in descending order of age.)  
**ADULT CHILDREN LIVING AT HOME** (**NOTE: should register separately as a parishioner**)

Description	Child 1	Child 2	Child 3	Child 4
<b>*First Name &amp; Middle Initial</b>				
<b>*Last Name (if different from household)</b>				
<b>*Gender (M/F)</b>				
<b>*Date of Birth (MM/DD/YYYY)</b>				
<b>*Religion</b>				
School Attending				
Ethnic Heritage				
Baptized	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____
First Reconciliation (Confession)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____
Confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____

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