

St. Clare Church Registration Form

Family Name: _____ Phone Number: _____

Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Would you like to receive contribution envelopes? Y ___ N ___

Adult 1:

First Name: _____ Date of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Have you received First Communion? Y ___ N ___ Have you been confirmed? Y ___ N ___

Single Married Divorced Separated Widow (**Please circle one**) Date of Marriage _____

Employed? Y ___ N ___ Place of Employment: _____

Occupation: _____ Cell Number: _____

e-mail address: _____

Do you belong to any religious organizations (ie. K of C's, Sodality, Parish Council, etc.) Please list. _____

Adult 2:

First Name: _____ Date of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Have you received First Communion? Y ___ N ___ Have you been confirmed? Y ___ N ___

Single Married Divorced Separated Widow (**Please circle one**) Date of Marriage _____

Employed? Y ___ N ___ Place of Employment: _____

Occupation: _____ Cell Number: _____

e-mail address: _____

Do you belong to any religious organizations (ie. K of C's, Sodality, Parish Council, etc.) Please list. _____

Please list other adults or children on other side.

St. Clare Church Registration Form

Other Adult or Child 1: Please circle one.

Name: _____ Date of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Have you received First Communion? Y ___ N ___ Have you been Confirmed? Y ___ N ___

Name of School: _____ Grade: _____

Other Adult or Child 2: Please circle one.

Name: _____ Date of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Have you received First Communion? Y ___ N ___ Have you been Confirmed? Y ___ N ___

Name of School: _____ Grade: _____

Other Adult or Child 3: Please circle one.

Name: _____ Date of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Have you received First Communion? Y ___ N ___ Have you been Confirmed? Y ___ N ___

Name of School: _____ Grade: _____

Other Adult or Child 4: Please circle one.

Name: _____ Date of Birth: _____

Date of Baptism: _____ Place of Baptism: _____

Have you received First Communion? Y ___ N ___ Have you been Confirmed? Y ___ N ___

Name of School: _____ Grade: _____