



## REGISTRATION FORM

### WELCOME TO OUR PARISH FAMILY!

*Our parish community is happy to have you worship with us. In order to be of service to you, we, the All Saints parish team, would like to know who you are. Please take a moment to fill out our Registration Form and place it in the collection basket or bring it to the Parish Office.*

Date: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is it unlisted? ☐ Yes ☐ No

#### Family Members

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ ☐ M ☐ F

Date of Birth (M/D/YY): \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ ☐ M ☐ F

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Children's Names

#### Birthdate (MM/DD/YYYY)

\_\_\_\_\_ ☐ Male ☐ Female \_\_\_\_\_

\_\_\_\_\_ ☐ Male ☐ Female \_\_\_\_\_

\_\_\_\_\_ ☐ Male ☐ Female \_\_\_\_\_

\_\_\_\_\_ ☐ Male ☐ Female \_\_\_\_\_

Would you like collection envelopes? ☐ Yes ☐ No

Would you like someone to contact you in regards to automatic withdrawal? ☐ Yes ☐ No

Would you like someone to contact you about volunteering at our parish? ☐ Yes ☐ No