

CLERMONT CATHOLIC COMMUNITIES REGISTRATION FORM

ST. ANN _____ ST. LOUIS _____ ST. PHILOMENA _____ HOLY TRINITY _____
DATE _____

FAMILY NAME _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____ DAYTIME # _____

EMAIL ADDRESS: _____

MARITAL STATUS: MARRIED _____ DATE & PLACE _____

CHURCH WHERE MARRIAGE RECORDED _____

MARRIED BY PRIEST, DEACON, MINISTER, JUSTICE OF PEACE, OTHER?

_____ DIVORCED _____ SINGLE _____ WIDOWED

Are there any concerns or information that you would want the pastor aware of?

Are there any specific ways in which we can be of service or assistance to you?

HEAD OF HOUSEHOLD – Name, Occupation and place of employment

SPOUSE – Name, Occupation and place of employment (please include maiden name)

Below please list the names, birthdates and appropriate religious information for all family members:

Name	birthdate	religion	Church of Baptism	Church of 1 st comm.	Church Of Confirmation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

