



St. Anne Catholic Church
Parishioner Registration Form



Env. # _____

Date: _____

MAILING INFORMATION

Mail Addressed As: (i.e.: Mr & Mrs. John Smith)
Name: _____
Address: _____
City/State/Zip _____
Phone: _____

OTHER INFORMATION

Marital Status: _____
Marriage Date: _____
Valid Catholic Marriage: Yes No
Place of Marriage: _____

ADULT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
Maiden Name: _____ Sex: M F Birthdate: _____
Religion: _____ Confirmed: Yes No
Occupation: _____ Work Phone: _____ E-Mail: _____
Special Needs and/or Talents: _____

First Name: _____ Middle Name: _____ Last Name: _____
Maiden Name: _____ Sex: M F Birthdate: _____
Religion: _____ Confirmed: Yes No
Occupation: _____ Work Phone: _____ E-Mail: _____
Special Needs and/or Talents: _____

CHILDREN INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
Sex: M F Birthdate: _____ Sacraments: Baptism Eucharist Confirmation
Special Needs and/or Talents: _____

First Name: _____ Middle Name: _____ Last Name: _____
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Special Needs and/or Talents: _____

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Sex: M F Birthdate: _____ Sacraments: Baptism Eucharist Confirmation
Special Needs and/or Talents: _____

ADDITIONAL ADULT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
Maiden Name: _____ Sex: M F Birthdate: _____
Religion: _____ Confirmed: Yes No
Occupation: _____ Work Phone: _____ E-Mail: _____
Special Needs and/or Talents: _____

First Name: _____ Middle Name: _____ Last Name: _____
Maiden Name: _____ Sex: M F Birthdate: _____
Religion: _____ Confirmed: Yes No
Occupation: _____ Work Phone: _____ E-Mail: _____
Special Needs and/or Talents: _____

ADDITIONAL CHILDREN INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
Sex: M F Birthdate: _____ Sacraments: Baptism Eucharist Confirmation
Special Needs and/or Talents: _____

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