

Church of St. Clare New Parishoner Registration Form

Select Your Mailing Prefix:

Deacon Dr. Drs. Dr. & Mrs. Miss Mr. Mr. & Mrs. Mrs. Ms. Reverend Sister

Household Members at this address:

Member Names (Last, First, MI)	Household Position	Sex	Birthdate MM/DD/YYYY	Religion	Marital Status	Were You Baptized?	Made Your 1st Communion?	Made Your Confirmation?
	Head of Household	M F				Y N	Y N	Y N
	Spouse	M F				Y N	Y N	Y N
	Child 1	M F				Y N	Y N	Y N
	Child 2	M F				Y N	Y N	Y N
	Child 3	M F				Y N	Y N	Y N
	Child 4	M F				Y N	Y N	Y N
	Senior 1	M F				Y N	Y N	Y N
	Senior 2	M F				Y N	Y N	Y N

Address

Apt#

Previous Parish

City

State

Zip Code

Your Preferred Email Address

Phone (area code first)

Date mm/dd/yyyy

If want to include up to 2 Seniors in your household, add them in the form above (Senior1, Senior2.)

If either or both of your Seniors want to register as their own Additional Head-of-Household at your address, select Yes below. Otherwise, select No or -PICK- below.

Senior1 wants to be an Additional Head-of-Household.
Senior2 wants to be an Additional Head-of-Household.

Was your marriage sanctioned by the Catholic Church? Y Do any of your children attend Corpus Christi Academy? Y
N N

At your previous Parish, were you active in a ministry or activity? Y Would you like to continue your involvement at St Clare? Y
N N

Please talk about a Parish ministry or activity that interests you:

***** OFFICE USE ONLY *****

Date Household Registered: H of H #: Envelope #: Date Entered: By:

Date Senior1 HofH Registered: H of H #: Envelope #: Date Entered: By:

Date Senior2 HofH Registered: H of H #: Envelope #: Date Entered: By: