

**PARISH REGISTRATION FORM***St. Elizabeth Ann Seton Catholic Church*

All individuals and families who worship with us are asked to register with the parish. Registration helps the parish priest and community know their faith family. Registration helps in determining that parishioners are active and ready for Baptism of an infant, are able to be godparents or sponsors, may qualify for Catholic school subsidies or reduced fees for parish religion programs, and are supportive of the parish in time, talent and treasure.

Family Last Name	<input type="text"/>	Date:	<input type="text"/>
Street Address:	<input type="text"/>		
City	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
PrimaryContactPhone:	<input type="text"/>	Marital Status:	<input type="text"/>
Church & City where Married:	<input type="text"/>		
Previous Parish (name & city):	<input type="text"/>		

**HEAD OF HOUSEHOLD**

Full Name:	<input type="text"/>	Religion:	<input type="text"/>
Language(s):	<input type="text"/>	Nationality:	<input type="text"/>
Birth Date:	<input type="text"/>	Sex:	<input type="text"/>
		Disability:	<input type="text"/>
<small>mm/dd/yyyy</small>			
Occupation:	<input type="text"/>	Business phone:	<input type="text"/>
Cell Phone:	<input type="text"/>	Email:	<input type="text"/>

**SPOUSE**

Full Name:	<input type="text"/>	Religion:	<input type="text"/>
Language(s):	<input type="text"/>	Nationality:	<input type="text"/>
Birth Date:	<input type="text"/>	Sex:	<input type="text"/>
		Disability:	<input type="text"/>
<small>mm/dd/yyyy</small>			
Occupation:	<input type="text"/>	Business phone:	<input type="text"/>
Cell Phone:	<input type="text"/>	Email:	<input type="text"/>

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## DEPENDENTS

Name:  Birthdate:  Sex:

Baptized:  First Communion:  Confirmation:

Nationality:

Language(s)  Disability:

Name:  Birthdate:  Sex:

Baptized:  First Communion:  Confirmation:

Nationality:

Language(s)  Disability:

Name:  Birthdate:  Sex:

Baptized:  First Communion:  Confirmation:

Nationality:

Language(s)  Disability:

Name:  Birthdate:  Sex:

Baptized:  First Communion:  Confirmation:

Nationality:

Language(s)  Disability:

Name:  Birthdate:  Sex:

Baptized:  First Communion:  Confirmation:

Nationality:

Language(s)  Disability:

Name:  Birthdate:  Sex:

Baptized:  First Communion:  Confirmation:

Nationality:

Language(s)  Disability:

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**HOW CAN YOU USE YOUR TIME AND TALENT FOR GOD?**

Head of Household Name:

Past or Present Occupation or Skills:

Spouse Name:

Past or Present Occupation or Skills:

*Chart of Ministries family members may be skilled or interested in supporting:  
enter each name that may be experienced or is interested in the appropriate box*

Ministry	experienced	interested	Ministry	experienced	interested
Adoration			Respect Life		
Adult Education			Religious Ed Teacher		
Altar Linens			Rosary Group		
Altar Server			Senior Citizens		
Funeral Luncheon			Usher		
Choir			Vacation Bible School		
Extraordinary Ministers of The Holy Eucharist			Website Maintenance		
Floral Care/ Arrangements			Women's Bible Study		
Events/Fellowship Committee			Youth Group / High School		
Maintenance					
Money Counter			<b>ORGANIZATIONS</b>		
Musician			Knights of Columbus		
Office Skills			St Vincent DePaul Society		
Reader / Lector			Lay Carmelites		