

St. Clare Catholic Church Parish Registration Form

(Please Print Clearly)

FAMILY NAME _____

ADDRESS _____

CITY _____ **ZIP** _____ **HOME PHONE** _____

Previous Parish _____ **City/State** _____

Head(s) of Household

1)	First Name <i>(Nickname)</i>	Last Name	Sex (M-F)	Date of Birth	Religion	Baptism Year	Occupation/ Place of Employment	Business Phone
Cell phone #:					Email:			

2)	First Name <i>(Nickname)</i>	Last Name	Sex (M-F)	Date of Birth	Religion	Baptism Year	Occupation/ Place of Employment	Business Phone
Cell phone #:					Email:			

Marital Status: Married Single Widow Divorced Engaged

Catholic Marriage? Yes No Date of Marriage: _____ Maiden Name: _____

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