

**CORPUS CHRISTI PARISH PHOENIX - REGISTRATION FORM**

**OFFICE USE ONLY: ENV. # \_\_\_\_\_**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_ MR. MRS. MS. MISS DR. DR./MRS.

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ MARITAL STATUS: CHURCH MAR, MAR, SING, WID, SEP, DIV.

WINTER RESIDENT:  Yes  No IF YES, FROM \_\_\_\_\_ TO \_\_\_\_\_ INTERESTED IN ONLINE GIVING:  Yes  No

LAST PARISH ATTENDED: \_\_\_\_\_ HAVE YOU NOTIFIED THEM?  Yes  No WOULD YOU LIKE US TO NOTIFY THEM?  Yes  No

	HEAD OF HOUSE	SPOUSE	CHILD	CHILD	CHILD	CHILD	CHILD
FIRST NAME							
LAST NAME (& MAIDEN NAME)							
RELIGION							
OCCUPATION							
SCHOOL ATTENDING							
PRESENT GRADE							
GENDER (MALE/FEMALE)							
BIRTHDATE (MM/DD/YYYY)							
BAPTISM (YES/NO and DATE, if known)							
FIRST COMMUNION (YES/NO and DATE, if known)							
CONFIRMATION (YES/NO and DATE, if known)							
DATE MARRIED							
PREVIOUS MINISTRIES/ COMMITTEES							