

# Welcome to Saint Amelia Parish

Parish ID# \_\_\_\_\_

Date registered: \_\_\_\_\_

Family Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Unlisted? Yes/ No Family Email address: \_\_\_\_\_

Marital Status: Married Single Divorced Annulled Separated Widowed Single Parent

If married, was the Marriage celebrated in Catholic Church?: Yes/ No Date / /

Name of Church \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_



Is this the first Marriage? Yes/No

What brought you to St Amelia's?

What ministries or activities interest you? \_\_\_\_\_

(Check the Parish Handbook for ministry leaders contact information.)

Would you like information for having your Sunday Offertory donation automatically deducted from your bank account?  
Yes/No

Please fill in information for anyone currently living in your household. Anyone other than Head of Household and Spouse that have received the sacrament of Confirmation should complete a separate registration form as head household.

	Head of Household	Spouse	Oldest Child	2nd child	3rd Child	4th Child	Other relationship
<b>Last Name</b>							
<b>First Name</b>							
<b>Middle Initial</b>							
<b>Title</b>	Mr. Mrs. Ms.Dr.	Mr. Mrs. Ms.Dr.	Mr. Miss	Mr. Miss	Mr. Miss	Mr. Miss	Mr. Mrs. Ms.Dr.
<b>Cell Phone Number</b>							
<b>Email Address</b>							
<b>Date of Birth</b>	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>Occupation/Grade</b>							
<b>Religion (other)</b>							
<b>Church of Baptism</b>							
<b>City &amp; State</b>							
<b>Date of Baptism</b>	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>First Penance</b>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<b>First Communion</b>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<b>Confirmation</b>	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

\*\*FOR OFFICE USE ONLY\*\*  
Date processed into PDS \_\_\_\_\_  
Initial \_\_\_\_\_

## *Sacramental Information*

	Head of Household	Spouse	Oldest Child	2nd child	3rd Child	4th Child	Other relationship
<b>Baptism</b>							
Date:	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Church City, State							
<b>First Penance</b>							
Date:	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>First Eucharist</b>							
Date:	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>Confirmation</b>							
Date:	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>Marriage</b>	/ /						
Date Church City, State							

Please list anyone in your household that is homebound. Would they like home visits?    Yes    No    Communion?    Yes    No

Please indicate if a member of your household resides in a Nursing Home:

Name: \_\_\_\_\_ Nursing Home: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Please list all Ministries that you and your family were involved in at your former Parish:

Please list all special talents, skills and abilities your and your family bring to our Parish.