

# 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
Last Name							
First Name							
Middle Initial							
Title	Mr. Mrs. Ms.Dr.	Mr. Mrs. Ms.Dr.	Mr. Miss	Mr. Miss	Mr. Miss	Mr. Miss	Mr. Mrs. Ms.Dr.
Cell Phone Number							
Email Address							
Date of Birth	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Occupation/Grade							
Religion (other)							
Church of Baptism							
City & State							
Date of Baptism	/ /	/ /	/ /	/ /	/ /	/ /	/ /
First Penance	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
First Communion	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Confirmation	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.