

St. Gabriel the Archangel

CATHOLIC CHURCH

PARISHIONER REGISTRATION FORM

Please Print Legibly

Last Name: _____ Home Phone:(____)_____ Work Phone:(____)_____

Mailing Address: _____ City: _____ Zip: _____

E-mail Address: _____

If your mailing address is a post office box, please list your physical address: _____

	Adult Male	Adult Female	Dependent Child	Dependent Child	Dependent Child
First Name					
Marital Status					
Religion					
Occupation					
Grade in School					
Gender					
Birth Date					
Baptized (Y/N)					
Reconciliation (Y/N)					
First Eucharist (Y/N)					
Confirmed (Y/N)					
Date Married					
Married by a Priest (Y/N)					

See Reverse Side

Are You a Part Time Resident? Yes _____ No _____ **Alternative Phone Number:** (____) _____

Address: _____ **City:** _____ **Zip:** _____

Name _____:

I am presently involved with these ministries or activities: _____

Please list any positions you held or served in at your previous parishes: _____

Please list any skills that you would be willing to share with the parish: _____

Name _____:

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Please list any positions you held or served in at your previous parishes: _____

Please list any skills that you would be willing to share with the parish: _____

WE WELCOME YOU! WE ARE GLAD YOU ARE HERE!