

St. Maria Goretti Church Registration Form:**Envelope #** _____

Date Registered: _____ Date Deleted: _____

Family Information: Family Last Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Subdivision: _____ Phone: _____

Email Address: _____ Cell Phone: _____

What parish have you transferred from? _____ City _____

Head of Household**Spouse**

First Name: _____

Marital Status: _____

Maiden Name: _____

Date of Birth: _____

Religion: _____

Occupation: _____

Self Employed Yes No

Yes No

Place of Employment: _____

Work Phone: (optional) _____

Please check the ministries that you would like to participate in:

	Husband	Wife	Child
Altar Server	_____	_____	_____
CFP Teacher	_____	_____	_____
CFP Aid	_____	_____	_____
Music	_____	_____	_____
Community	_____	_____	_____
Outreach	_____	_____	_____
Eucharistic	_____	_____	_____
Minister	_____	_____	_____
Maria's Garden	_____	_____	_____
Club	_____	_____	_____
Lector	_____	_____	_____

	Husband	Wife	Child
Ministry of Care	_____	_____	_____
Senior Citizen	_____	_____	_____
Sacristan	_____	_____	_____
Welcoming	_____	_____	_____
committee	_____	_____	_____
Wedding Support	_____	_____	_____
Art & Environ.	_____	_____	_____
Finance Comm.	_____	_____	_____
Baptism Team	_____	_____	_____
Children's Liturgy	_____	_____	_____
Greeter	_____	_____	_____

Sacraments Received:

Head of Household

Spouse

Baptism Date _____

Church where baptized: _____

City: _____ State: _____ City: _____ State: _____

Church of 1st Communion _____

City: _____ State: _____ City: _____ State: _____

Church where Confirmed: _____

City: _____ State: _____ City: _____ State: _____

Date of Marriage: _____ Church: _____ City: _____ State: _____

Dependent Children Living at Home:

Child #1

Child #2

Child #3

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____

Male/Female _____

Sacraments Received:

Child #1

Child #2

Child #3

Baptism Date: _____

Church Baptized: _____

City: _____ State: _____ City: _____ State: _____ City: _____ State: _____

Church of
Communion

City: _____ State: _____ City: _____ State: _____ City: _____ State: _____

Confirmation Date: _____

Church of
Confirmation _____

City: _____ State: _____ City: _____ State: _____ City: _____ State: _____