ST. ELIZABETH CATHOLIC COMMUNITY

MEMBERSHIP REGISTRATION FORM

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*PLEASE WRITE LEGIBLY)***

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| **FAMILY LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Marital Status: Married / Single / Divorced / Widowed** | **Cell No.: HIS:** ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell No.: HERS:** ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell No.: YOUTH:** ( \_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Emergency Phone Number:** ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Home Number (if applicable):** ( \_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **NAME OF PREVIOUS PARISH:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CITY & STATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(NOTE: You may only belong to one parish. Notify your previous parish that you are now registered at St. Elizabeth)** |

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| **Names of Family Members** | **Date of** **Birth** | **Gender****M/F** | **Religion** | **Baptized****Y/N** | **Reconcilia-tion Y/N** | **Eucharist****Y/N** | **Confirmed****Y/N** | **Name(s) to be used on your contribution envelopes:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Head of Household** |  |  |  |  |  |  |  |
| **Spouse, if applicable (Include Maiden Name)** |  |  |  |  |  |  |  |
| **Children living in household** |  |  |  |  |  |  |  | **School** | **Grade** |
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| **FAMILY E-MAILS – VERY IMPORTANT****HIS E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****HER E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****YOUTH E-Mail:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **EMPLOYER & POSITION:****HIS:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****HERS:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Rev. 8-25-22