

Parish Registration Form

Parish Registered in: **Our Lady of the Pines** **St. Elizabeth** **Other** _____

Please Print

Mother's Name : _____

Maiden Name: _____

Father's Name: _____

Child lives with: **Both Parents** **Mom** **Dad**

Mailing Address: _____

City: _____ **Zip:** _____

Home Phone: _____

Parent Email: _____

Best Way to Reach You: _____

Please list all family members	Adult	Adult	Child	Child	Child	Child
Member Name						
Gender						
Birth Date						
Marital Status						
Religion						
Work Place/School						
Email						
Cell Phone						
Baptism Date (if Known) Y / N						
Place of Baptism Y / N						
1st Communion Date Y / N						
Confirmation Date Y / N						
Marriage Date Y / N						
Place of Marriage						
Allergy/Special Needs						
Misc. Information						

Office Use Only:	Date Received	Family ID #	Recorded
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