

St. Luke the Evangelist Catholic Church Parish Registration Form

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| Envelope #: _____ |
| Registration Date: _____ OFFICE USE ONLY |

PLEASE PRINT LEGIBLY

FAMILY LAST NAME: _____ PHONE NUMBER: _____ DATE: _____

NAME : _____ OCCUPATION: _____ BUSINESS PHONE #: _____ CELL/PAGER: _____

NAME: _____ OCCUPATION: _____ BUSINESS PHONE #: _____ CELL/PAGER: _____

ADDRESS: _____

STREET
APT #
CITY
ZIP

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

STREET
APT #
CITY
ZIP

NAME OF DEVELOPMENT: _____ YEAR ROUND RESIDENT? _____ PART TIME RESIDENT? _____

WOULD YOU LIKE A PRIEST TO CALL YOU? YES OR NO _____ DATE OF MARRIAGE: _____

MARITAL STATUS: MARRIED SINGLE SEPARATED WIDOW/ER DIVORCED WAS YOUR MARRIAGE BLESSED BY A CATHOLIC PRIEST? YES OR NO _____

LIST NAMES OF PERSONS LIVING IN HOUSEHOLD (WILL ALSO BE REGISTERED) IF A MEMBER IS NOT CATHOLIC, AND THEY ALSO WISH TO BE REGISTERED, PLEASE PUT A "Y" NEXT TO THEIR NAME BELOW

| NAMES | HANDICAP | RELIGION | LANGUAGE SPOKEN | GENDER | BIRTH DATE | BAPTIZED? YES/NO | FIRST COMMUNION? YES/NO | CONFIRMATION YES/NO |
|-----------------|----------|----------|-----------------|--------|------------|---------------------|----------------------------|------------------------|
| MR/MS MRS/DR | | | | | | | | |
| MR/MS MRS/DR | | | | | | | | |
| CHILDREN: | | | | | | | | |
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| OTHER: | | | | | | | | |
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St. Luke the Evangelist Catholic Church is an active parish family. We invite you to become involved by sharing your time and talent with us in the areas of your choosing. Please refer to the back of this form for a list of ministries and services.

