Church of the Most Blessed Sacrament

New Member Registration

Family Last Name: _____

Please Print

Office Use Only ID #	**Registration Date**	**Home Street Address:**	**City & State**	**Zip**

Home Phone: ( )	**How would you like your mail to be addressed?** (circle one)	**Mr. & Mrs.**	**Mr.**	**Mrs.**	**Ms.**	**Miss**	**Other** (Please Identify):

Mailing Address (*if different from home address*):	**Marital Status:** (Please Circle) Single Married Divorced Separated Widowed

If Married:	**Marriage Date:**	**Church**	**City**	**Catholic Ceremony?** Yes No

Do you want to receive your weekly church contributions envelopes *(no if you'd like to give online)***?** _____**Yes** _____ **No**

Male Head of House

Name: _____
First Middle

Preferred Name to be called: _____

Title (circle one): Mr. Dr. Other: _____

Date of Birth: _____ **Religion:** _____

Occupation: _____

Employer & Job Title: _____

Work PH: (____) _____ **Cell:** (____) _____

E-Mail: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Female Head of House

Name: _____
First Middle Maiden

Preferred Name to be called: _____

Last Name (if different from family name): _____

Title (circle one): Mrs. Ms. Miss Dr. Other: _____

Date of Birth: _____ **Religion:** _____

Occupation: _____

Employer & Job Title: _____

Work PH: (____) _____ **Cell:** (____) _____

E-Mail: _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Children: Please complete the "Child" section on the reverse side of this form. Children away at college should be listed. Children 24 years or older are encouraged to register as an individual parish family. If you need additional "Child" spaces, please use a separate piece of paper and return it with your family form.

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ **Lives at home** (Yes or No): _____

Date of Birth: _____ **Religion:** _____

Current School: _____ **Current Grade:** _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ **Lives at home** (Yes or No): _____

Date of Birth: _____ **Religion:** _____

Current School: _____ **Current Grade:** _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ **Lives at home** (Yes or No): _____

Date of Birth: _____ **Religion:** _____

Current School: _____ **Current Grade:** _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ **Lives at home** (Yes or No): _____

Date of Birth: _____ **Religion:** _____

Current School: _____ **Current Grade:** _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ **Lives at home** (Yes or No): _____

Date of Birth: _____ **Religion:** _____

Current School: _____ **Current Grade:** _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Child

Name: _____
First Middle Initial

Last Name (if different from family name): _____

Sex: Male _____ Female _____ **Lives at home** (Yes or No): _____

Date of Birth: _____ **Religion:** _____

Current School: _____ **Current Grade:** _____

Yes or No: Baptism _____ First Communion _____ Confirmation _____

Thank you for completing your census form. Additional questions, comments, or concerns that you would like to pass on to our Pastor and the Staff are welcome. Please include with this Form. Thank you.