

ST. LAWRENCE CATHOLIC CHURCH—PARISH REGISTRATION

TODAY'S DATE _____
 Orig. Registration Date _____

ENVELOPE # _____

LAST NAME OF FAMILY (PLEASE PRINT CLEARLY with BLACK INK)										HOME PHONE NUMBER NEW <input type="checkbox"/>				UP-DATE <input type="checkbox"/>	
										()				Occupation Head of Household	
STREET ADDRESS					APT. #		CITY		VA		ZIP			Occupation of Spouse	
WIFE'S MAIDEN NAME					SUBDIVISION										

E-MAIL ADDRESS _____ **SPOUSE EMAIL ADDRESS** _____

May we include your email addresses in our parish email mailing list? () Yes, both/one () No

HEAD OF HOUSEHOLD	BIRTH DATE <small>MM/DD/YYYY</small>	RELIGION	MARITAL STATUS	CATHOLIC BAPTISM	FIRST COMM	CONFIRM	CATHOLIC MARRIAGE	WORK AND/OR CELL PHONE #
Mr. Mrs. Ms. Miss			M S D W SEP	YES NO	YES NO	YES NO	YES NO	
Spouse Mr. or Mrs. (include last name if different)			M S D W SEP	YES NO	YES NO	YES NO	YES NO	

CHILDREN 21 YEARS OF AGE OR YOUNGER / Oldest to youngest (INCLUDE LAST NAME IF DIFFERENT) Please include CHILDREN STILL IN COLLEGE

FIRST NAME	MIDDLE	BIRTHPLACE <small>City/State/Country</small>	SEX	DATE OF BIRTH <small>MM DD YYYY</small>	CATHOLIC BAPTISM	FIRST COMM	CONFIRM	NAME OF SCHOOL <small>-GRADE</small>	REGISTERED CCD ?
1-			M F		Yes No	Yes No	Yes No		Yes No
2-			M F		Yes No	Yes No	Yes No		Yes No
3-			M F		Yes No	Yes No	Yes No		Yes No
4-			M F		Yes No	Yes No	Yes No		Yes No
5-			M F		Yes No	Yes No	Yes No		Yes No
6-			M F		Yes No	Yes No	Yes No		Yes No
7-			M F		Yes No	Yes No	Yes No		Yes No
8-			M F		Yes No	Yes No	Yes No		Yes No

Languages spoken other than English _____ **Available for translation** Yes _____ No _____

**ALL OTHER ADULTS LIVING AT THE ABOVE ADDRESS MUST FILL OUT A SEPARATE REGISTRATION CARD.
 PLEASE COMPLETE INFORMATION ON THE REVERSE SIDE.**

• DO YOU OR ANYONE IN THE HOUSEHOLD HAVE MEDICAL OR SPECIAL NEEDS OR CONCERNS THAT YOU WOULD LIKE THE PRIESTS TO BE AWARE OF?, IF SO, PLEASE EXPLAIN _____

• AT THIS TIME, WOULD YOU LIKE A PRIEST TO CONTACT YOU TO DISCUSS: AN OLDER CHILD NEEDING SACRAMENTS

PRE-CANA ANNULMENT PROCESS HAVING YOUR CIVIL MARRIAGE VALIDATED IN THE CHURCH OTHER?

• I, OR A FAMILY MEMBER, AM INTERESTED IN LEARNING ABOUT THE FOLLOWING PARISH ORGANIZATIONS: Please circle the organizations in which you have previous experience. This is a brief listing of Parish Volunteer organizations. Please see website or Welcome Packet for more information.

•
___Collection Processing ___Welcome Committee ___Knights of the Altar ___9am Mass Choir ___CCD Teacher ___Sacristan Assistants
___Council of Catholic ___Extraordinary Ministers ___Lectors ___11am Mass Choir ___CCD Aide ___Ushers
 Women of Holy Communion ___Legion of Mary ___Tridentine Mass Schola ___CCD Prayer Angels ___Book Rack Volunteer
___Bereavement Comm ___Garden Committee ___Loyola Men's Retreat ___Youth Choir ___Youth Group Volunteer ___Pro Life Activities
___Prayer Shawl Ministry ___Knights of Columbus ___Rosary Makers ___Musicians

• I, OR A FAMILY MEMBER, AM INTERESTED IN LEARNING MORE ABOUT THE CATHOLIC FAITH, PLEASE CONTACT ME _____

• OCCASIONALLY THE PARISH IS IN NEED OF SOMEONE WITH SPECIAL TALENTS, EXPERIENCE, EDUCATION, OR TRAINING:

Please check your specialty

___Construction ___Employment Counseling ___Law ___Doctor/Dentist ___Gardening ___Teacher ___Other _____

___Building maintenance ___Human Resources ___Legal Counseling ___Nurse ___Real Estate ___Tutoring ___Finance

THIS SPACE FOR OFFICE USE ONLY

OFFICIAL USE ONLY

Secretary _____

Welcome Packet _____

Priest Notified _____

Attend Tridentine Latin Mass _____

Director, Religious Education _____

Computer Data Entry _____

Registrar :

DELETED _____

RE-INSTATED _____

Other _____

08/01/2017 EDITED