

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 (Dial 1?) NEW <input type="checkbox"/> UP-DATE <input type="checkbox"/>															
												()															
STREET ADDRESS												APT. #				CITY				VA				ZIP			
SUB-DIVISION												Occupation Head of Household															
												Occupation of Spouse															

E-MAIL ADDRESS May we include your email address in our Constant Contact mailing list? () Yes () No **WIFE'S MAIDEN NAME:** _____

HEAD(s) OF HOUSEHOLD	BIRTH DATE <small>MM/DD/YYYY</small>	RELIGION	MARITAL STATUS	BAPT CATH	FIRST COMM	CONFIRM	CATHOLIC MARRIAGE?	Work and/or Cell # Need to Dial "1" ?
Mr. Mrs. Ms. Miss			M S D W SEP	YES NO	YES NO	YES NO	YES NO	
Spouse Mr. or Mrs.			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>	BAPT CATH	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 ASK THE PARISH OFFICE FOR ADDITIONAL REGISTRATION CARDS IF NEEDED.
****** PLEASE CONTINUE 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 _____

- DO YOU HAVE AN OLDER CHILD NEEDING SACRAMENTS?
- DO YOU NEED TO SPEAK WITH A PRIEST ABOUT ANY OF THE FOLLOWING:

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

I WOULD LIKE TO SPEAK WITH A PRIEST ABOUT: _____
(please list specific request)

- I AM INTERESTED IN LEARNING ABOUT THE FOLLOWING PARISH ORGANIZATIONS: (Please check the organizations in which you are interested)
 ___ Altar Boy (4th grade & up) ___ CCD Teacher ___ Knights of Columbus ___ Legion of Mary ___ Ushers
 ___ Choirs ___ Sacristy Work ___ CCD Aide ___ Lector ___ Pro-Life ___ Woman's Group (CCW)
 ___ Rosary Makers ___ Youth Group
- I AM INTERESTED IN LEARNING MORE ABOUT THE CATHOLIC FAITH _____

___ R.C.I.A. (Rite of Christian Initiation for Adults) ___ R.C.I.C. (Rite of Christian Initiation for Children) ___ I know someone who is interested

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

Please check your specialty

___ Case Management ___ Employment ___ Law ___ Medical Counseling ___ Physician ___ Teacher ___ Other _____
 ___ Counseling ___ Human Resources ___ Legal Counseling ___ Nurse ___ Real Estate ___ Tutoring ___ Financial Counseling

THIS SPACE FOR OFFICE USE ONLY

OFFICIAL USE ONLY
Secretary _____
Welcome Postcard _____
Priest Notified _____
Director, Religious Education _____
Computer Data Entry _____
Registrar :
DELETED _____
RE-INSTATED _____