

Family Name: _____

Cell Phone:







Date:

823 College Street · Columbus, MS 39701

PARISH REGISTRATION FORM

OFFICE USE ONLY Entered in Computer:
Envelope #
Saint Group Code:

Address:		City:				State: _		Zip:			
		is this an unlisted number? (Yes or No) Email addre				ress:					
Marita	al Status: (please circle	le one): Single Married	d Widowed	Divorced							
Circle Title	Last Name	First Name	Middle Name	Maiden Name (wife)	Religion	Convert ? (Yes/No)	Date of Birth	Bap@zed? (Yes/No)	First Eu- charist? (Yes/No)	Confirmed? (Yes/No)	Date of Marriage?
Mr. Mrs. Ms.											
Mr. Mrs.											
Other I	Information:										
		Неад С	Of Household					Spc	ouse		
Occupa?	don:										
Place of	Employment:										
Work Ph	ione:										

Children ((Please list only	y children currently	v living at home.)
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Last Name	First Name	Middle Name	M/F	Date of Birth	Bap@zed? (Yes/No)	First Eucharist? (Yes/No)	Confirmed? (Yes/No)	Grade	School

Previous parish name:	City:	State:
Contact Person in case of an emergency:	Rela®onship:	Phone #:

$\label{lem:area} \textbf{Areas I/We would like to serve/help our church:}$

Altar Server	
Choir/Cantor	
Eucharis⊡c Minister	
Lector/Reader	
Usher/Greeter	
Homebound	

Other ways I would be interested in serving:						