

# PARISH REGISTRATION FORM

NEW MEMBER

UPDATE INFO



730 S. Euclid Street, Santa Ana, CA 92704

Phone: 714-775-7733 | Fax: 714-775-9467

Website: [www.saintbarbarachurch.org](http://www.saintbarbarachurch.org)

Email: [info@st-barbarachurch.org](mailto:info@st-barbarachurch.org)

Env. No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Church Marriage Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ at: \_\_\_\_\_

Name of Church / City & State

Civil Marriage Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Names	Gender M/F	Relationship	Birth Date M/D/Y	Baptized Date	First Communion Date	Confirmed Date
<u>Household:</u>						
<u>Spouse:</u>						
<b>Children's Names</b>						
1.						
2.						
3.						
4.						
5.						

Would you like to receive the weekly offering envelopes?  Yes  No

What ministry do you want to serve? \_\_\_\_\_

Is anyone confined to this residence because of wheelchair, health condition, disability, etc?  Yes  No

❖ **PLEASE PROVIDE COMPLETE INFORMATION FOR EVERY MEMBER IN THE HOUSEHOLD. IF THERE IS MORE THAN ONE FAMILY IN THE HOUSE, PLEASE FILL OUT A SEPARATE REGISTRATION FORM FOR EACH FAMILY.**

Date Register:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature,

\_\_\_\_\_