

F	OR OFFICE USE ONLY:
Name	Envelope Id#
Date Received	

PARISH REGISTRATION

Welcome to the parish! We are very happy that you have chosen St. Raphael the Archangel Catholic Church as your new spiritual home. We will do our best to make you feel at home and to provide you with a refuge in a somewhat chaotic and stressful world. Please tell us a little bit about yourself. We look forward to meeting you soon!

I'm a Ne	w Parish	nioner: □Yes	□No Up	date/Change my	y Regis	stration Info	rmation: 🗆	Yes □ No
Househ	old Hea	d #1	waradan umaadan w		n e salatou cu nesc	BIOGRAPI DOB	HICAL INFO	DRMATION
Title	First	Mi	Last	Maide	n		DD/YYYY	
Gender:	□Male	☐ Female	Religion:					
Marital S	tatus:	Single	□Married	☐ Separated	□Div	orced	□Widowed	d
CONTAC	CT INFO	:						
Address				Apt#				
City				State	- 4	Zip		
Primary	Phone #		Alt Phone	e #	E	Email		
WORKIN	NFO:							
Occupati	ion		Title	Comp	any		City	
SACRAI	MENTAL	INFO:			**********	EEECENCE HE EEECENCE HE E	H4100500 4861 6461 FX	661688911889118891188
Baptism	:	□Yes □No		Marriage:	ПΥ	'es □ No		
Commu	nion:	□Yes □No		Type of Mai	rriage:	☐ Catholic	c □ Civil	□ Other
Confirm	ation:	□Yes □No						

Household Head #2				BIOGRAPHICAL INFORMATION			
					DOB _		
Title	First	Mi	Last	Maide		1M/DD/YYYY	
Gender:	□Male	☐ Female	Religion:				
Marital S	Status:	Single	□Married	□ Separated	□ Divorced	□Widowed	
CONTA	CT INFC);					
Address	;			Apt#			
City				State	Zip		
Primary	Phone #		Alt Phone	; #	Email		
WORKI	NFO:						
Occupat	tion		Title	Comp	any	City	
SACRA	MENTAL	. INFO:					
Baptisn	n:	□Yes □No		Marriage:	□ Yes □ No)	
Commu	union:	□Yes□No		Type of Mar	riage: 🗆 Cath	olic □ Civil □ Other	
Confirm	nation:	□Yes□No					
		AL HOUS der: □Male □F		MEMBERS (u		age)	
Name: F					School:		
		MI		Last			
				union 🗌 Confirm			
Member	2: Geno	der: 🗆 Male 🗆 F	emale	DOB: <u>//</u>			
Name: _	irst	MI		Last	School:		
Grade:		Relations	ship:		Religion:		
Sacrame	ents Rece	ived: 🗌 Baptis	sm 🗆 Comm	union 🗆 Confirm	ation		
				DOB: <u>//</u>			
Name: _ F	irst	MI		Last	School:		
Grade: _		Relations	ship:		Religion:_		
				union 🗌 Confirma			

ADDITIONAL	L HOUSEHOLD I	MEMBERS cont	"D (under 21 years of age) ······
Member 4: Gender:	□Male □Female	DOB:/_/	-
Name:	MI	Last	School:
Sacraments Received	d: 🗌 Baptism 🗎 Comm	union 🗌 Confirmation	Religion:
	☐Male ☐Female		
Name:	MI	Last	School:
Sacraments Received	d: 🗌 Baptism 🗎 Comm	union 🗌 Confirmation	Religion:
Member 6: Gender:	☐ Male ☐ Female	DOB:/_/	_
Name: First	MI	Last	School:
	Relationship:d: Baptism Comm		Religion:
	parent: Yes No		
			ve with:
	d you like us to use to		hold?(Last Name Only)
Do you have any s	pecial needs or situati	ons that you wish to	call to our attention?
☐ Yes* ☐ NO	*If yes, we will contact you p	personally	
☐ Baptism	I in one or more of the □ Reconciliation □ □ Marriage		all that apply) nion Confirmation

	in joining any of our ministries, e.g. Altar and Rosary Sodality, Music, etc.? Irrent and/or future ministries please visit straphaelcatholic.org).
□ Yes* □ NO	*If yes, we will contact you personally
We invite you to te	ell us about your interests, skills and talents.
We invite you to le	ave any comments or suggestions you might have for us.
gaged in parish act	roughout the church year, we will take photographs of our parishioners enivities. Do we have your permission to use photographs of you and/or your tional materials, including the church bulletin, website, etc.
☐ Yes ☐ No *To rea	d the complete releases please visit straphaelcatholic.org
I/We commit to be Archangel Catholic	ing active, participating and contributing members of St. Raphael the Church Parish.
Signature When you complete	Date te this form please email to rectory@straphaelcatholic.org. You can also print the completed form and return it to the parish office. May St. Raphael be your companion on your journey!