

ST. IGNATIUS PARISH



Parishioner Registration/Update Form

(Please print)

Family Last Name: _____ # of people in household: _____

Preferred Mailing Name: _____ Preferred Language: _____

Mailing Address: _____ Apt. #: _____

City, State, Zip Code: _____ Home Phone #: _____

Head of Household: Mr./ Mrs./ Ms./ Miss/ Dr.		Spouse (if applicable): Mr./ Mrs./ Ms./ Miss/ Dr.	
First Name:		First Name:	
Middle Name:		Middle Name:	
Last Name:		Last Name:	
Birth Date:	_____/_____/_____	Birth Date:	_____/_____/_____
Country of Birth:		Country of Birth:	
Primary Language:		Primary Language:	
Marital Status:	Single / Married / Engaged / Widowed Separated / Divorced	Marital Status:	Single / Married / Engaged / Widowed Separated / Divorced
Religion:		Religion:	
Occupation:		Occupation:	
Phone (work / cell):		Phone (work / cell):	
Email:		Email:	
Sacraments Received:	Baptism: YES / NO Communion: YES / NO Confirmation: YES / NO	Sacraments Received:	Baptism: YES / NO Communion: YES / NO Confirmation: YES / NO

How long has your family been worshipping at St. Ignatius Parish? _____

Is your family currently involved in parish activities/ministries? YES / NO If yes, which ones? _____

How can St. Ignatius be of service to you? Sacramental Preparation/ Immigration Services/ Pastoral Counseling /Other (Explain):

(CONTINUED ON REVERSE SIDE)

Additional Household Members:

Full name: _____ Relationship: _____
Birth date: ____/____/____ Country of Birth: _____ Language: _____
Sacraments Received: Baptism: YES / NO Communion: YES / NO Confirmation: YES / NO

Full name: _____ Relationship: _____
Birth date: ____/____/____ Country of Birth: _____ Language: _____
Sacraments Received: Baptism: YES / NO Communion: YES / NO Confirmation: YES / NO

Full name: _____ Relationship: _____
Birth date: ____/____/____ Country of Birth: _____ Language: _____
Sacraments Received: Baptism: YES / NO Communion: YES / NO Confirmation: YES / NO

Full name: _____ Relationship: _____
Birth date: ____/____/____ Country of Birth: _____ Language: _____
Sacraments Received: Baptism: YES / NO Communion: YES / NO Confirmation: YES / NO

Full name: _____ Relationship: _____
Birth date: ____/____/____ Country of Birth: _____ Language: _____
Sacraments Received: Baptism: YES / NO Communion: YES / NO Confirmation: YES / NO

Full name: _____ Relationship: _____
Birth date: ____/____/____ Country of Birth: _____ Language: _____
Sacraments Received: Baptism: YES / NO Communion: YES / NO Confirmation: YES / NO

Full name: _____ Relationship: _____
Birth date: ____/____/____ Country of Birth: _____ Language: _____
Sacraments Received: Baptism: YES / NO Communion: YES / NO Confirmation: YES / NO

Full name: _____ Relationship: _____
Birth date: ____/____/____ Country of Birth: _____ Language: _____
Sacraments Received: Baptism: YES / NO Communion: YES / NO Confirmation: YES / NO

OFFICE USE ONLY

Date Registered:	Entered By:
Mailing Name:	Envelope #: