ST. NORBERT
Catholic Church

300 E. Taft Avenue, Orange, CA 92865
Phone: 714-637-4360 FAX: 714-637-4311
Website: **www.stnorbertchurch.org**

PARISH REGISTRATION FORM

Date: ___/___/___

Envelope Number, if known:_____

OFFICE USE ONLY: ENVELOPE #

Family (Last) **Name**	**Mailing Address** (PO Box or Street)	**City**	**State** CA	**ZIP**
Street Address (if different from mailing address)	**Home Phone**	**Male Cell/Work Phone**	**Female Cell/Work Phone**	
Family's Primary E-mail Address				

Members of Household Check Sacraments received.

Title Mr., Mrs., Ms., Miss, Dr.	**Name, first & middle, wife's maiden name;** last name (underlined) only if different from above	**Date of Birth**	**M/F**	**Marital Status** M, W, S, D, Annulment, Single	**Occupation & Employer or School & Grade**	**First Language**	**Religion** (if not Catholic)	**Baptism**	**Reconcili-ation**	**Commun-ion**	**Confirma-tion**	**Catholic Marriage**
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