

# GUARDIAN ANGELS PARISH REGISTRATION

1310 Westport Road, Kansas City, MO 64111 (816) 931-4351



Name:	
Street Address:	
City/State/Zip:	
Home Phone:	
Cell Phone:	
E-Mail:	

## CONTRIBUTION OPTIONS

\_\_\_\_\_ Weekly Envelopes \_\_\_\_\_ Electronic Transfer  
\_\_\_\_\_ Credit Card \_\_\_\_\_ Paypal  
\_\_\_\_\_ Other  
\_\_\_\_\_

## ADULT INDIVIDUAL INFORMATION

Full Legal Name (Include Maiden Name) \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Religion: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
Married in Catholic Church? : \_\_\_\_\_ Baptized? (If so, year) \_\_\_\_\_  
Confirmed? (If so, year): \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

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Birthdate: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
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Married in Catholic Church? : \_\_\_\_\_ Baptized? (If so, year) \_\_\_\_\_  
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Employer: \_\_\_\_\_

Is there anyone who is shut-in or physically challenged in your home? \_\_\_\_\_

Are there other adults living at this address, not registered at G.A.? \_\_\_\_\_

*Information on Children on reverse side of this form.*

**Please list children living at home (children over 18 years of age, who are NOT full-time students should complete their own registration form).**

Full Name: _____	Birthdate: _____
School: _____	Grade in school: _____
Enrolled in Religious Education? _____	
Baptized? If so, year: _____	Church: _____
First Reconciliation? If so, year: _____	Church: _____
First Communion? If so, year: _____	Church: _____
Confirmation: If so, year: _____	Church: _____
Special Needs, or remarks about this child: _____	
_____	
_____	

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