

(Confidential when filled in)

St. Elizabeth Ann Seton Parish Family Registration

(Revised 2016)

LAST NAME _____
(for office use only)

Today's Date: _____

Envelope # _____
(for office use only)

PLEASE PRINT CLEARLY

Family Last Name: _____ First Name(s): _____

Family Mailing Name: _____ (How do you want your household addressed? Ex: Mr. & Mrs. John Doe, Dr. & Mrs., etc.)

Address: _____ City: _____ State _____ Zip: _____ - _____

Home Phone (with area code): _____ Unlisted: Y/N (circle one) Emergency Phone (with area code): _____

Family Email: _____

HOW DO YOU WANT TO CONTRIBUTE?

ENVELOPE CHOICES: (please check)

Annual Box with Envelopes for Every Sunday _____

Annual Box with One Sunday Envelope Per Month _____

Monthly Packet with Envelopes for Every Sunday _____ (Mailed each month)

To contribute by Credit Card or Direct Debit please visit:

<https://seastucson.weshareonline.org>

Individual Member(s) Information

Role: (Head of House, Husband, Wife etc.)

First Name/MI/Nickname:

Gender: (circle one)

DOB (mm/dd/yyyy) Birth Place (City/St)

Email:

Work Phone/Cell Phone:

First Language/Education:

Occupation/Employer:

Sacramental Information:

Church of Baptism:

Church Address:

Dates (mm/dd/yyyy):

Marital Status: (circle one)

_____ / _____ / _____

Male / Female (Maiden Name) _____

____/____/____ _____/____

_____ / _____

_____ / _____

_____ / _____

Baptized: Y/N (circle one) Religion: _____ / _____

Baptism _____ / _____ / _____

Reconciliation _____ / _____ / _____

1st Eucharist _____ / _____ / _____

Confirmation _____ / _____ / _____

Matrimony _____ / _____ / _____

Single, Married, Widowed, Separated, Divorced, Annulled

_____ / _____ / _____

Male / Female (Maiden Name) _____

____/____/____ _____/____

_____ / _____

_____ / _____

_____ / _____

Baptized: Y/N (circle one) Religion: _____ / _____

Baptism _____ / _____ / _____

Reconciliation _____ / _____ / _____

1st Eucharist _____ / _____ / _____

Confirmation _____ / _____ / _____

Matrimony _____ / _____ / _____

Single, Married, Widowed, Separated, Divorced, Annulled

Information for Dependent Children/Other

First Name: _____ Nickname: _____ MI: _____ Last Name: _____

Gender: M / F (circle one) Birth Date: ____ / ____ / ____ Birth Place: City _____ State _____

Relationship to Head of Household: Son ____ Daughter ____ Other _____ (Indicate) Marital Status: _____
(step-child, grandchild, parent, etc.)

Education: (Highest Grade Completed/Degree) _____ Name of School: _____ First Language: _____

Special Needs: _____ Religion: Catholic ____ Other (Indicate) _____

Baptism: ____ / ____ / ____ Reconciliation: ____ / ____ / ____ First Communion: ____ / ____ / ____ Confirmation: ____ / ____ / ____ Matrimony: ____ / ____ / ____
Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

Church where baptized: _____

Address: _____ City: _____ State: _____ Zip: _____

Information for Dependent Children/Other

First Name: _____ Nickname: _____ MI: _____ Last Name: _____

Gender: M / F (circle one) Birth Date: ____ / ____ / ____ Birth Place: City _____ State _____

Relationship to Head of Household: Son ____ Daughter ____ Other _____ (Indicate) Marital Status: _____
(step-child, grandchild, parent, etc.)

Education: (Highest Grade Completed/Degree) _____ Name of School: _____ First Language: _____

Special Needs: _____ Religion: Catholic ____ Other (Indicate) _____

Baptism: ____ / ____ / ____ Reconciliation: ____ / ____ / ____ First Communion: ____ / ____ / ____ Confirmation: ____ / ____ / ____ Matrimony: ____ / ____ / ____
Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

Church where baptized: _____

Address: _____ City: _____ State: _____ Zip: _____