

New Member Registration Form

The Catholic Communities of South Eastern Allegany County

17 Maple Avenue, Wellsville, NY 14895

Please Circle the church below that you wish to become a member of:					
Immaculate Conception (Wellsville, NY)	Blessed Sacrament (Andover, NY)	St. Brendan (Almond, NY)	St. Jude (Alfred, NY)	Holy Family (Belmont, NY)	St. Mary's (Bolivar, NY)

Family Information		
	Head of Household	Spouse
Last Name:		
First Name:		
Title: (Mr., Mrs., Miss....)		
Home Phone Number:		
Cell Phone Number:		
Email Address:		
Mailing Information		
Mailing Name Preference: Ex: Mr. & Mrs. John Smith		
Family Status: (Single, Married....)		
Home Address		
Mailing Address (if different than above)		

Individual Family Member Information Sheet

(Please fill out one of these for each family member)

Last Name:	
First Name:	
Middle Name:	
Maiden Name:	
Title: (Mr., Mrs., Miss....)	
Suffix:	
Relationship to Family:	
Gender:	
Grade/Degree:	
Marital Status:	
Language:	
Ethnicity:	
Religion:	
Disability	
Occupation:	
Date of Birth:	
Birthplace:	
Father:	
Mother (Maiden Name)	
Baptismal Information	
Baptismal Name:	
Date:	
Performed By:	

Church Name:	
Church Address:	
Godparents:	
1st Reconciliation Information	
Date:	
Performed By:	
Church Name:	
Church Address:	
1st Communion Information	
Date:	
Performed By:	
Church Name:	
Church Address:	
Confirmation Information	
Confirmation Name:	
Date:	
Performed By:	
Church Name:	
Church Address:	
Godparents:	
Marriage Information	
Spouses Name:	
Date:	
Performed By:	
Church Name:	
Church Address:	