



St. Francis of Assisi "A Catholic Community"

*** REGISTRATION FORM ***

Date Received: _____

Received by: _____

***Privacy Information:** Your information will be used strictly by St. Francis of Assisi Parish and its ministries. Your information will be held in strictest confidence and will not be shared, loaned or sold to outside organizations, agencies or private individuals.

PARISHIONER INFORMATION *(please print)* :

FAMILY
LAST NAME: _____ **Email:** _____ **Phone No (Home):** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone No (Cell):** _____
Marital Status: [] Single [] Married [] Divorced/Separated [] Widow/Widower **If Married: By the Church? Yes No** Anniversary M/D/Year:: _____

	Head	Spouse/Other	Child or other House Member	Child or other House Member	Child or other House Member	Child or other House Member	Child or other House Member
Last Name:							
First Name:							
Male/Female:							
Relationship:							
Birth Date:							
Cell Phone:							
Personal Email:							
Occupation:							
Religion:							
Primary Language:							
Baptized:	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Communion: <small>(Please Circle)</small>	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Confirmation:	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

Please let us know: Do you live inside the Villages Gated Community *(please circle)*? Yes No **Newly Registered:** Yes No

- 2) If spouse is non-Catholic, does he/she wish to be addressed w/you? Yes or No
- 3) Please check one: Monthly Contribution Env. _____ Online Giving _____

Please submit via email to rolivas@dsj.org or drop in mailslot

FOR OFFICE USE ONLY

Envelope No Assigned:	_____
Welcome Ltr or Updated Ltr mailed: Yes No By: _____ Date: _____	Forwarded to Hospitality Team: Yes No Date: _____