

Catholic Parishes of Arlington

HOUSEHOLD REGISTRATION

Check the parish in which you wish to register:

Saint Agnes Parish

Saint Camillus Parish

Reg Date: / /

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address:

Town: State: Zip: -

Home Phone:

Family Email: Env#

Please Print. Fill in all boxes and provide changes where necessary. If need to add additional members, please use a second form.

Individual Member Information

Parish Status: <i>(Active, Inactive)</i>	<input type="text"/>	<input type="text"/>
Role: <i>(Head of House, Husband, Wife etc.)</i>	<input type="text"/>	<input type="text"/>
First Name / Nickname:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Gender:	Male / Female (Maiden) <input type="text"/>	Male / Female (Maiden) <input type="text"/>
DOB (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Cell Phone:	<input type="text"/>	<input type="text"/>
First Language:	<input type="text"/>	<input type="text"/>
Occupation/Employer:	<input type="text"/>	<input type="text"/>
Sacramental Info:	Baptized? <input type="text"/> Catholic? <input type="text"/>	Baptized? <input type="text"/> Catholic? <input type="text"/>
Dates (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<i>(Single, Married, Separated, Divorced, Annulled)</i>	Reconcil? <input type="text"/> First Eucharist? <input type="text"/> Confirmed? <input type="text"/>	Reconcil? <input type="text"/> First Eucharist? <input type="text"/> Confirmed? <input type="text"/>
Marital Status:	<input type="text"/> Valid Catholic Marriage? <input type="text"/>	

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
<i>(Son, Daughter, Mother, Father etc.)</i>	<input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone:	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.	Baptism <input type="text"/> / <input type="text"/> / <input type="text"/>	Catholic? <input type="text"/>	Eucharist <input type="text"/> / <input type="text"/> / <input type="text"/>	Reconciliation <input type="text"/> / <input type="text"/> / <input type="text"/>	Confirmation <input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone:	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone:	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
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