

St. Patrick's, Enderlin
Holy Trinity, Fingal
Our Lady of the Scapular, Sheldon
Email: stpatrick@mlgc.com
Website: <http://www.enderlinfingalsheldon.org>

Rev. Christopher Markman, Pastor
302 Bluff St.
Enderlin, ND 58027
Tel. 701-347-2791

Church Registration Form

INFORMATION ON THIS FORM WILL BE HELD CONFIDENTIAL AND IS OPEN TO ONLY YOU AND THE PASTOR
PLEASE FILL OUT FRONT AND BACK SIDE AND RETURN TO CHURCH OFFICE OR PLACE IN OFFERTORY

Today's Date: _____

Church you are registering for (please circle): *St. Patrick's* *Holy Trinity* *Our Lady of the Scapular*

Family Last Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone/Cell Number(s): () _____ () _____

Email Address(es): _____

Is there anything our church can do to help you in your relationship with Jesus and His Church?

Does your family have any hobbies or special interests or talents? _____

Which church were you last registered at? Name: _____ City: _____ State: _____

What ministries were you involved with at your last church? _____

Are you interested in being involved in any ministries here? If yes, what? _____

PLEASE FILL OUT OTHER SIDE TOO



St. Patrick's
302 Bluff St.
Enderlin, ND 58027



Holy Trinity
419 1st Ave.
Fingal, ND 58031



Our Lady of the Scapular
145 Crosswell St.
Sheldon, ND 58068

DESCRIPTION	ADULT MALE	ADULT FEMALE	CHILD/OTHER (RELATIONSHIP) AT HOME	CHILD/OTHER (RELATIONSHIP) AT HOME	CHILD/OTHER (RELATIONSHIP) AT HOME	CHILD/OTHER (RELATIONSHIP) AT HOME
FIRST NAME MIDDLE NAME						
MAIDEN NAME	*****		*****	*****	*****	*****
BIOLOGICAL SEX: (MALE / FEMALE)	MALE	FEMALE				
DATE OF BIRTH (MM/DD/YYYY)						
RELIGIOUS DENOMINATION						
MARITAL STATUS (SINGLE, MARRIED, WIDOWED, SEPARATED, DIVORCED, REMARRIED, NEED ANNULMENT)			*****	*****	*****	*****
PRACTICING CATHOLIC (YES OR NO)						
BAPTISM (DATE, NAME OF CHURCH, CITY, STATE)						
FIRST RECONCILIATION (YES OR NO)						
CONFIRMATION (YES OR NO)						
FIRST EUCHARIST (YES OR NO)						
MARRIAGE (DATE, NAME OF CHURCH, CITY, STATE)			*****	*****	*****	*****
OCCUPATION (COMPANY)			*****	*****	*****	*****
WORK PHONE NUMBER			*****	*****	*****	*****
LIST ANY DISABILITIES						
GRADE LEVEL OF SCHOOL	*****	*****				