

# PARISH REGISTRATION FORM

## Head of Household's Information:

\_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Last First  
Street  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_  
Date of Birth \_\_\_\_\_

### Sacraments Received: (Check All Applicable)

Unbaptized  Baptized Non-Catholic Christian  Baptized Catholic  First Communion  Confirmed Catholic

### Marital Status:

Single  Married by Catholic Priest  Married Outside of the Catholic Church  Marriage Validated  
 Widowed  Separated  Divorced

Previous Parish: \_\_\_\_\_ Active in Parish: \_\_\_ Yes \_\_\_ No  
\*\*\*\*\*

### Spouse's Information if Applicable:

\_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Last First

### Marital Status (If Spouse/Engaged)

Not Married to Head of Household  Married to Head of Household  I was previously Married

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell# \_\_\_\_\_  
Date of Birth \_\_\_\_\_

### Sacraments Received (Select All Applicable)

Unbaptized  Baptized Non-Catholic Christian  Baptized Catholic  First Communion  Confirmed Catholic  
\*\*\*\*\*

### Stewardship

I want Offertory Envelopes mailed to me  
 I will make online contributions via the DONATE button on the St. Robert Bellarmine Website

Are you interested in participating in the following ministries? If so, check all that apply:

Choir and Musicians  Mass Ministries  Knights of Columbus  Men's Ministry  Women's Ministry  That Man is You  
\*\*\*\*\*

### Children Under Age 18:

Name \_\_\_\_\_ Catholic Sex \_\_\_\_\_ Baptism Confirmation Penance Eucharist PSR Grade in School  
(Yes or No) M-F

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_