

Guardian Angel Catholic Church REGISTRATION FORM

All information is strictly confidential

Envelope No. _____
Will you be using our envelope system? Yes _____ No _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

Mailing Address: P.O. Box _____ Street Address _____
City/State _____ Zip Code _____

Home Telephone No. _____ E-Mail Address: _____
His Cell No. _____
Her Cell No. _____

Marital Status: (Circle One)
Married - Single - Separated - Widow MARRIED BY: Priest - Deacon - Other (Circle One)
MARRIAGE DATE: _____

	Head of House	Spouse	Child	Child	Child
First Name	_____	_____	Sex M - F	Sex M - F	Sex M - F

Religion	_____	_____	_____	_____	_____
Employer	_____	_____	_____	_____	_____
Phone No.	_____	_____	_____	_____	_____

Birth Date	_____	_____	_____	_____	_____
Baptism Date	_____	_____	_____	_____	_____
1 st Communion Date	_____	_____	_____	_____	_____
Confirmation Date	_____	_____	_____	_____	_____