

ST. POLYCARP REGISTRATION FORM

Revised February, 2004

Family Name _____ Parish # _____

Street Address _____

P. O. Box or Apt. # _____

City _____ State _____ Zip + 4 _____
(available from county tax bill)

e-mail _____

Phone () _____ - _____ unlisted? Y _____ N _____

Do You Have Questions About Annulment//Remarriage? Y _____ N _____

Return to the Sacraments? Y _____ N _____

House Blessing? Y _____ N _____

Visit from Our Pastor? Y _____ N _____

Home Visits to a Shut-In? Y _____ N _____

Religious Education for Youth? Y _____ N _____

Adult Education? Y _____ N _____

Sacramental Preparation? Y _____ N _____

Becoming Catholic? Y _____ N _____

The Knight of Columbus? Y _____ N _____

The Blessed Virgin Mary Sodality? Y _____ N _____

Other _____

Best days and times to call you _____

Personal Talents You Can Offer _____

Services/Discounts You or Your Business Can Offer _____

Heads of the Household

1 st Name & Middle Initial	_____	_____
Last or Maiden Name	_____	_____
Date of Birth	_____	_____
Religion	_____	_____
Church Attendance (weekly, monthly, etc.)	_____	_____
Occupation	_____	_____
Business Phone #	_____	_____
School Attended or attending	_____	_____
Highest/Present Grade	_____	_____
Gender	M or F	_____
Baptized?	Y or N	_____
First Penance? (Reconciliation, Confession)	Y or N	_____
First Eucharist	Y or N	_____
Confirmation	Y or N	_____
Marital Status	_____	_____
Date Married	_____	_____
Place Married	_____	_____
Parish Activities	_____	_____
Handicap	_____	_____
Personal e-mail	_____	_____

Dependent Children

1st Name & Middle Initial _____

Last or Maiden Name _____

Date of Birth _____

Religion _____

Church Attendance
(weekly, monthly, etc.) _____

Occupation _____

Business Phone # _____

School Attended
or attending _____

Highest/Present Grade _____

Gender	M or F	_____	_____
Baptized?	Y or N	_____	_____
First Penance?	Y or N	_____	_____
First Eucharist	Y or N	_____	_____
Confirmation	Y or N	_____	_____

Parish Involvement _____

Handicap _____

Personal e-mail _____

Please note that adult children working full time, even if living with parents, should register independently and receive and use their own envelopes.

Dependent Children

1st Name & Middle Initial _____

Last or Maiden Name _____

Date of Birth _____

Religion _____

Church Attendance
(weekly, monthly, etc.) _____

Occupation _____

Business Phone # _____

School Attended
or attending _____

Highest/Present Grade _____

Gender **M or F** _____

Baptized? **Y or N** _____

First Penance? **Y or N** _____

First Eucharist **Y or N** _____

Confirmation **Y or N** _____

Parish Involvement _____

Handicap _____

Personal e-mail _____

Please note that adult children working full time, even if living with parents, should register independently and receive and use their own envelopes.

Other Adults in Household

(Relatives, Friends, Tenants)

1st Name & Middle Initial	_____	_____
Last or Maiden Name	_____	_____
Date of Birth	_____	_____
Religion	_____	_____
Church Attendance (weekly, monthly, etc.)	_____	_____
Occupation	_____	_____
Business Phone #	_____	_____
School Attended or attending	_____	_____
Highest/Present Grade	_____	_____
Gender	M or F	_____
Baptized?	Y or N	_____
First Penance?	Y or N	_____
First Eucharist	Y or N	_____
Confirmation	Y or N	_____
Marital Status	_____	_____
Date Married	_____	_____
Parish Involvement	_____	_____
Handicap	_____	_____
Personal e-mail	_____	_____

Other adults may register independently and receive and use their own envelopes.