

PARISHIONER REGISTRATION FORM

(Please Print)

IN WHICH PARISH DO YOU WISH TO BE REGISTERED? (Please Check One):

OUR LADY OF MT. CARMEL PARISH-EMMETT
10828 Brandon Rd., Emmett, MI 48022

SACRED HEART-YALE
310 N. Main St. Yale, MI 48097

DATE: _____

ENVELOPE # _____ Assigned (Office Use Only)

INSTRUCTIONS:

- ◆ Mail/Return completed form to parish office or place in sealed envelope in collection basket "Attn: MARY BETH".
- ◆ Offertory Envelopes are mailed out every other month. Plain, personal envelopes can be used in the interim. Please include your name with your offering to receive proper credit for your contribution.

HEAD OF HOUSEHOLD/REGISTRANT'S

FULL NAME

_____ -LAST- _____ -FIRST- _____ -MIDDLE-
HEAD OF HOUSEHOLD? **Yes** or **No** IF NO, WHAT IS YOUR RELATIONSHIP TO HEAD OF HOUSEHOLD? _____

HOME ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT THAN HOME) _____

CELL PHONE (_____) _____ WORK PHONE(_____) _____

HOME PHONE (_____) _____ EMAIL ADDRESS _____

GENDER _____ DATE OF BIRTH _____ MAIDEN NAME (IF APPLICABLE): _____

PLACE OF BIRTH: CITY _____ STATE _____

SACRAMENTAL INFORMATION—PLEASE COMPLETE AS MUCH AS POSSIBLE

DATE OF BAPTISM _____ RELIGION _____

CHURCH OF BAPTISM _____

ADDRESS-CHURCH OF BAPTISM _____

Street Address _____ City _____ State _____
FIRST COMMUNION DATE _____ CHURCH _____

CONFIRMATION DATE _____ CHURCH _____

MARITAL STATUS: Single _____ Married _____ Divorced _____ Marriage Annulled _____

MARRIAGE DATE _____ CHURCH _____

ARE THERE MEMBERS OF YOUR HOUSEHOLD WHO WOULD LIKE...

TO BE VISITED BY A PRIEST? _____ HOUSEHOLD MEMBER'S NAME(s) _____

HOMEBOUND COMMUNION CALLS? _____ HOUSEHOLD MEMBER'S NAME(s) _____

TO BECOME CATHOLIC? _____ HOUSEHOLD MEMBER'S NAME(s) _____

(continued→)

OTHER HOUSEHOLD MEMBERS INFORMATION

FULL NAME (Last) _____ (First) _____ (Middle) _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ MAIDEN NAME: _____

GENDER _____

PLACE OF BIRTH:

DATE OF BIRTH _____

CITY _____ STATE _____

SACRAMENTAL INFORMATION—PLEASE COMPLETE AS MUCH AS POSSIBLE

DATE OF BAPTISM _____ RELIGION _____

CHURCH OF BAPTISM _____

ADDRESS (IF KNOWN) _____

FIRST COMMUNION DATE _____ CHURCH _____

CONFIRMATION DATE _____ CHURCH _____

MARITAL STATUS: Single _____ Married _____ Divorced _____ Marriage Annulled _____

MARRIAGE DATE _____ CHURCH _____

1. DEPENDENT CHILDREN/OTHER HOUSEHOLD MEMBERS

FULL NAME (Last) _____ (First) _____ (Middle) _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____

DATE OF BIRTH _____ GENDER _____ GRADE _____ SCHOOL _____

PLACE OF BIRTH: CITY _____ STATE _____

SPECIAL NEEDS (If Any) _____

SACRAMENTAL INFORMATION—PLEASE COMPLETE AS MUCH AS POSSIBLE

DATE OF BAPTISM _____ RELIGION _____ CHURCH OF BAPTISM _____

ADDRESS-CHURCH OF BAPTISM _____

FIRST COMMUNION DATE _____ CHURCH _____

CONFIRMATION DATE _____ CHURCH _____

MARITAL STATUS: Single _____ Married _____ Divorced _____ Marriage Annulled _____

MARRIAGE DATE _____ CHURCH _____

2. DEPENDENT CHILDREN/OTHER HOUSEHOLD MEMBERS

FULL NAME (Last) _____ (First) _____ (Middle) _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____

DATE OF BIRTH _____ GENDER _____ GRADE _____ SCHOOL _____

PLACE OF BIRTH: CITY _____ STATE _____

SPECIAL NEEDS (If Any) _____

SACRAMENTAL INFORMATION—PLEASE COMPLETE AS MUCH AS POSSIBLE

DATE OF BAPTISM _____ RELIGION _____ CHURCH OF BAPTISM _____

ADDRESS-CHURCH OF BAPTISM _____

FIRST COMMUNION DATE _____ CHURCH _____

CONFIRMATION DATE _____ CHURCH _____

MARITAL STATUS: Single _____ Married _____ Divorced _____ Marriage Annulled _____

MARRIAGE DATE _____ CHURCH _____

◆ Please Attach Additional Household Members' Required Information on a Separate Sheet. Thank You.