

Divine Mercy Parish Registration Form



Family Name _____ Primary Phone # _____ Alternate Phone # _____
 Address _____ City _____ Zip _____ Email _____
 Alt Address _____ City _____ State _____ Zip _____ Time Frame: _____
 Previous Registered Parish _____ City/State _____
 Marital Status: Married ___ Single ___ Separated ___ Divorced ___ Widowed ___
 Marriage: Were you married by a priest or deacon? Yes ___ No ___ Date: _____ Where (Church) _____
 Yes, I would like to receive offertory envelopes. (Office Use - Assigned# _____)

| | First Name | Middle or Maiden Name | Date of Birth | Religion | Baptized | 1 st Communion | Confirmation | Occupation Special Training/Degree |
|---------------------------|------------|-----------------------|---------------|----------|----------|---------------------------|--------------|---------------------------------------|
| Adult M/F | | | | | | | | |
| Adult M/F | | | | | | | | |
| Other Adults in Household | M/F | | | | | | | |
| | M/F | | | | | | | |

| | Children Under 21 residing in household | | | | | | | Name of School or Indicate Home School | Current Grade |
|-----------|---|--|--|--|--|--|--|--|---------------|
| Child M/F | | | | | | | | | |
| Child M/F | | | | | | | | | |
| Child M/F | | | | | | | | | |
| Child M/F | | | | | | | | | |
| Child M/F | | | | | | | | | |
| Child M/F | | | | | | | | | |
| Child M/F | | | | | | | | | |

Notes: _____

Office Use/Notes