

Christ The King Parish

ENVELOPE # \_\_\_\_\_

Family Registration

OFFICE USE ONLY

711 College Ave., Daphne, AL 36526 (251) 626-2343

HEAD OF HOUSEHOLD LAST, FIRST NAME

Reg Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mailing Name: Mr.&Mrs., Mr., Mrs., Ms., Dr. (circle one)

Cell Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_

Pager/Fax: \_\_\_\_\_

First Name(s) \_\_\_\_\_

Family Email: \_\_\_\_\_

Address: \_\_\_\_\_

Permission to publish phone, address, email in Parish Directory

Add2: \_\_\_\_\_

Publish Phone?

Publish Address?

Publish Email?

City: \_\_\_\_\_ State: \_\_\_\_\_

Y N

Y N

Y N

Zip: \_\_\_\_\_ AreaCode: \_\_\_\_\_

Couple/Head of Household

Marital Status: Married by Priest or Deacon

Anniversary Date: \_\_\_\_\_

Wedding Church/City: \_\_\_\_\_

M S D W

Y N

MM/DD/YYYY

Street

City

ST

Husband/Head:

Wife:

Name: \_\_\_\_\_

\_\_\_\_\_  
(Maiden)

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Sacramental Info: Baptized? \_\_\_\_\_ Catholic? Y N

Baptized? \_\_\_\_\_ Catholic? Y N

(Please add dates if known.)

RCIA? Y N

RCIA? Y N

Reconcil? First Eucharist? Confirmed?

Reconcil? First Eucharist? Confirmed?

Dates: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Children Information

Child's Name Birthdate Sex Grad Yr GRADE SCHOOL

FIRST MIDDLE LAST MM/DD/YYYY M/F HIGHSCHOOL P3-12

Check if Sacrament Received. Baptism Catholic? Eucharist Reconciliation Confirmation Add Date if known. Y N

Child's Name Birthdate Sex Grad Yr GRADE SCHOOL

FIRST MIDDLE LAST MM/DD/YYYY M/F HIGHSCHOOL P3-12

Check if Sacrament Received. Baptism Catholic? Eucharist Reconciliation Confirmation Add Date if known. Y N

Child's Name Birthdate Sex Grad Yr GRADE SCHOOL

FIRST MIDDLE LAST MM/DD/YYYY M/F HIGHSCHOOL P3-12

Check if Sacrament Received. Baptism Catholic? Eucharist Reconciliation Confirmation Add Date if known. Y N

More than three children? Continue on back of form.

