

**SAINT MONICA CATHOLIC CHURCH
PARISH REGISTRATION FORM**

Family (Last) Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ His Cell: _____ Her Cell: _____

E-Mail: _____ Previous Parish _____

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Head of Household's Information:

Name: _____ Date of Birth: _____ Religion: _____

Occupation: _____

**Ethnic Background: Caucasian ___ African American ___ Native American ___ Hispanic ___
Oriental ___ Filipino ___ Other _____ (**For Diocesan Records only.)

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Widower ___

Please indicate Y for Yes N for NO

Sacramental Information: Baptism: ___ First Communion ___ Confirmation ___

Married by Catholic Priest? ___

Church of Baptism _____ City/State _____

Choice of Small Christian Community at St. Monica _____

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Spouse's Information:

Name: _____ Maiden Name: _____

Date of Birth: _____ Religion: _____ Occupation: _____

**Ethnic Background: Caucasian ___ African American ___ Native American ___ Hispanic ___
Oriental ___ Filipino ___ Other _____ (**For Diocesan Records only.)

Please indicate Y for Yes N for NO

Sacramental Information: Baptism: ___ First Communion ___ Confirmation ___

Church of Baptism _____ City/State _____

Choice of Small Christian Community at St. Monica _____

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I want to use Envelopes ___ Checks ___ for my weekly contribution to my Parish.

Only those who use Envelopes or Checks will receive an annual report for tax purposes.

