

(Please print and fill in information on form. For your convenience you can drop form in the offertory collection basket on Sunday.)

TRANSFIGURATION PARISH - REGISTRATION FORM

FAMILY NAME _____ (circle one) Mr & Mrs / Mr / Ms / Miss / Mrs PHONE # _____

ADDRESS _____ APT.# _____ CITY _____ ZIP _____ EMAIL _____

Marital Status (circle one) Single / Married / Separated / Divorced / Widowed

Sacraments Received							
First Name (adults)	Birth date	Catholic yes / no	Baptism yes / no	Communion yes / no	Confirmation yes / no	Occupation	Wk. Phone
1. _____	___/___/___	___/___	___/___	___/___	___/___	_____	() _____
2. _____	___/___/___	___/___	___/___	___/___	___/___	_____	() _____

Children living at home							
(include last name if different)	Gender Male / Female	Birth date	Catholic yes / no	Baptism yes / no	Communion yes / no	Confirmation yes / no	School / Grade
1. _____	_____	___/___/___	___/___	___/___	___/___	___/___	_____
2. _____	_____	___/___/___	___/___	___/___	___/___	___/___	_____
3. _____	_____	___/___/___	___/___	___/___	___/___	___/___	_____
4. _____	_____	___/___/___	___/___	___/___	___/___	___/___	_____
5. _____	_____	___/___/___	___/___	___/___	___/___	___/___	_____
6. _____	_____	___/___/___	___/___	___/___	___/___	___/___	_____
7. _____	_____	___/___/___	___/___	___/___	___/___	___/___	_____

Name of Former Parish _____ City _____ State _____

(OFFICE USE ONLY IN THIS AREA)

Date received _____ Envelopes issued: yes / no Envelope number _____