

Registration Form

Please complete the form below and return to us by mail or via the collection basket at Mass. Thank you!



Corpus Christi Parish

2075 Lafayette Road, Portsmouth, NH 03801

Email: parishmail@corpuschristinh.org

Phone: 603.436.4555

Fax: 603.433.4401

www.corpuschristinh.org

Date form completed: _____

FAMILY INFORMATION

Last (family) name: _____

Last (family, secondary if applicable) name: _____

Home phone: _____ Unlisted? Yes No

Address (mailing): _____

(Address)

(City/State/Zip)

Address (geographic, if different): _____

(Address)

(City/State/Zip)

Address (seasonal, if applicable): _____

From ___/___/___ To ___/___/___

(Address)

(City/State/Zip)

INDIVIDUAL MEMBER INFORMATION

	<u>Adult 1</u>	<u>Adult 2</u>
Last name	_____	_____
First name and Middle Initial	_____	_____
Suffix	_____	_____
Date of birth (mm/dd/yy)	____/____/____	____/____/____
Gender (circle)	M F	M F
Maiden (last) name	_____	_____
Marital status (circle)	Single Married Separated Divorced Widowed	Single Married Separated Divorced Widowed
If Married, Date of Marriage	____/____/____	____/____/____
Baptized Catholic? Confirmed?	Yes/No Yes/No	Yes/No Yes/No
Religion (if not Catholic)	_____	_____
E-mail address	_____	_____
Work phone (Include Extension)	_____	_____

FINANCIAL SUPPORT OF THE CHURCH

To facilitate regular support of the parish, we encourage our parishioners to use weekly contribution envelopes or to enroll in Electronic Fund Transfer (EFT).

Please indicate: _____ I would like to receive envelopes.

_____ I would like more information about EFT.

