



St. Elizabeth Ann Seton Catholic Church
Family Registration (**Please Complete Both Sides**)

Envelope Number: _____

Family Last Name: _____ Address: _____ City/State/Zip: _____ Main Family Telephone: (____) ____ - _____	Marital Status (<i>Circle One</i>): Single / Married Catholic / Married Other Church / Married Civil Separated / Divorced / Engaged / Widowed / Other _____ Marriage Location/Church: _____ Marriage Date: ____/____/____
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Individual Member Information (Use additional sheet if necessary)

<input type="checkbox"/> Head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> Child <input type="checkbox"/> Other
<p><u>Name</u></p> <p>_____</p> <p>First MI Last (<i>If Different</i>)</p> <p>Nickname: _____</p> <p>Maiden: _____</p> <p>E-mail: _____</p> <p>Date of Birth: ____/____/____</p> <p>Last Grade Completed: _____</p> <p><u>Phone Numbers</u> (<i>With Area Codes</i>)</p> <p>Work: _____ Ext: _____</p> <p>Cellular: _____</p> <p><u>Sacraments</u> (<i>Include date if known</i>)</p> <p><input type="checkbox"/> Baptism ____/____/____</p> <p><input type="checkbox"/> 1st Reconciliation ____/____/____</p> <p><input type="checkbox"/> 1st Eucharist ____/____/____</p> <p><input type="checkbox"/> Confirmation ____/____/____</p> <p>Church of Bapt: _____</p> <p>City/State: _____</p> <p><u>Other</u></p> <p>Religion: _____</p>	<p><u>Name</u></p> <p>_____</p> <p>First MI Last (<i>If Different</i>)</p> <p>Nickname: _____</p> <p>Maiden: _____</p> <p>E-mail: _____</p> <p>Date of Birth: ____/____/____</p> <p>Last Grade Completed: _____</p> <p><u>Phone Numbers</u> (<i>With Area Codes</i>)</p> <p>Work: _____ Ext: _____</p> <p>Cellular: _____</p> <p><u>Sacraments</u> (<i>Include date if known</i>)</p> <p><input type="checkbox"/> Baptism ____/____/____</p> <p><input type="checkbox"/> 1st Reconciliation ____/____/____</p> <p><input type="checkbox"/> 1st Eucharist ____/____/____</p> <p><input type="checkbox"/> Confirmation ____/____/____</p> <p>Church of Bapt: _____</p> <p>City/State: _____</p> <p><u>Other</u></p> <p>Religion: _____</p>	<p><u>Name</u></p> <p>_____</p> <p>First MI Last (<i>If Different</i>)</p> <p>Nickname: _____</p> <p>Maiden: _____</p> <p>E-mail: _____</p> <p>Date of Birth: ____/____/____</p> <p>Last Grade Completed: _____</p> <p><u>Phone Numbers</u> (<i>With Area Codes</i>)</p> <p>Work: _____ Ext: _____</p> <p>Cellular: _____</p> <p><u>Sacraments</u> (<i>Include date if known</i>)</p> <p><input type="checkbox"/> Baptism ____/____/____</p> <p><input type="checkbox"/> 1st Reconciliation ____/____/____</p> <p><input type="checkbox"/> 1st Eucharist ____/____/____</p> <p><input type="checkbox"/> Confirmation ____/____/____</p> <p>Church of Bapt: _____</p> <p>City/State: _____</p> <p><u>Other</u></p> <p>Religion: _____</p>

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Are you interested?
We will contact you with more information.

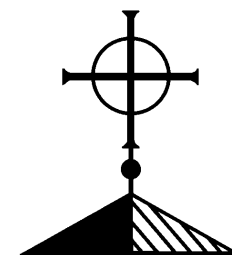
- SEAS School
- The Sacraments of Baptism/Marriage
- Sacramental Preparation for Youth
- Sacramental Preparation for Adult
- Volunteer Opportunities
- Having a Priest Contact Our Family
- Direct Contribution Program

- Our family would like to receive *The Catholic Spirit*, the Archdiocesan newspaper
(Free to SEAS Parishioners)

Please Return Your Completed Form To:

St. Elizabeth Ann Seton Catholic Church
2035 15th Street West
Hastings, MN 55033
Parish Office: 651-437-4254
Fax: 651-438-2948
[***www.seasparish.org***](http://www.seasparish.org)

Parish Office Hours:
Monday-Thursday 8:00am-7:00pm
Friday 8:00am-4:30pm
Saturday 9:00am-12:00pm



Office Use: Family Card Typed: _____ Computer Entries Made: _____ Welcome Letter: _____
