

ST. GENEVIEVE CHURCH NEW PARISHIONER REGISTRATION FORM



Welcome to St. Genevieve Parish and thank you for registering! The information below will be entered into our Parish Database and used by the priests and staff. The information will be held in strict confidence and you supply only the information that you feel appropriate.

Please feel free to call the office if we can be of assistance.

We look forward to your active participation in our community!

Household Information (please PRINT clearly)

Family (Household) Name: _____ Date of Registration: _____

Address: _____

City, State, Zip: _____ Home Phone: (_____) _____ - _____

Member Information (1) (please PRINT clearly)

Full Name: _____
(First) (Middle) (Last) (Maiden)

Date of Birth: _____ cell phone #: _____ E-Mail Address: _____

Religion: _____ Occupation: _____

Place a check next to the sacraments that have been received. Baptism - Month/Year ____ / ____ Church: _____
 Reconciliation Eucharist Confirmation

Member Information (2) (please PRINT clearly)

Full Name: _____
(First) (Middle) (Last) (Maiden)

Date of Birth: _____ cell phone #: _____ E-Mail Address: _____

Religion: _____ Occupation: _____

Place a check next to the sacraments that have been received. Baptism - Month/Year ____ / ____ Church: _____
 Reconciliation Eucharist Confirmation

Marital Status for above member (s)

Marital Status: Single Married Separated Divorced Widowed

Were you married by a Catholic Priest? Yes No

If not married by a priest, was a dispensation granted for this marriage? Yes No

Please provide the name and city of the Church where this marriage is recorded: _____

Other Members of the Household

3) Full Name: _____
(First) (Middle) (Last)

Relationship: _____

Date of Birth: _____ cell phone #: _____ E-Mail Address: _____

Religion: _____

Place a check next to the sacraments that have been received. Baptism - Month/Year ____/____ Church: _____
 Reconciliation Eucharist Confirmation

4) Full Name: _____
(First) (Middle) (Last)

Relationship: _____

Date of Birth: _____ cell phone #: _____ E-Mail Address: _____

Religion: _____

Place a check next to the sacraments that have been received. Baptism - Month/Year ____/____ Church: _____
 Reconciliation Eucharist Confirmation

5) Full Name: _____
(First) (Middle) (Last)

Relationship: _____

Date of Birth: _____ cell phone #: _____ E-Mail Address: _____

Religion: _____

Place a check next to the sacraments that have been received. Baptism - Month/Year ____/____ Church: _____
 Reconciliation Eucharist Confirmation

ENV ID# _____ **FOR OFFICE USE ONLY** Directory record _____

OSV entry _____ PDS entry _____ Welcome letter _____

LCD notified _____ Pastor Meeting _____