

ST. PHILIP NERI CATHOLIC CHURCH
REGISTRATION FORM
 Rev. 01/26/2022

* **OFFICE USE ONLY: WELCOME COMMITTEE** _____
 * NOLL _____ TEMPORARY _____
 * PS _____ WELCOME _____
 * FILED _____ PASTOR _____
 * * * * *

Date _____

Family Last Name _____ Wife's Maiden Name _____

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Unlisted Listed (circle one)

Former Parish _____

Marital Status (circle one) Married Single Divorced Separated Widow Widower
 Married by a (circle one) Priest Deacon Minister Other **MARRIAGE DATE** _____

Do you have a child to be baptized? Yes No (circle one) Would you like to receive "The Catholic Review" _____

FULL NAME (NO INITIALS) Date of Birth Religion Baptized Communion Confirm Attend Church
 (Everyone living at above address) Cath/Other Yes/No Yes/No Yes/No Yes/No/Occ.

MALE OR SPOUSE Middle Name _____
 Occupation _____
 Phone No. _____ E-MAIL _____
 Company _____ Cell Phone _____

FEMALE OR SPOUSE Middle Name _____
 Occupation _____
 Phone No. _____ E-MAIL _____
 Company _____ Cell Phone _____

First Middle Name Male/Female _____ E-MAIL _____

First Middle Name Male/Female _____ E-MAIL _____

First Middle Name Male/Female _____ E-MAIL _____

IF MORE SPACE IS REQUIRED FOR THE ABOVE OR FOLLOWING SECTIONS, PLEASE USE REVERSE SIDE OF THIS FORM.

Would you like to receive Church Offering Envelopes _____
 If yes, addressed: Mr. & Mrs. Mr. Mrs. Ms. Miss (circle one)
 Would you like to give electronically?
 If yea, you can sign up for online giving at the homepage of the parish website: www.stclementandstphilipneripastorate.org
 If you would like to volunteer for a ministry or join an organization, please check our website: www.stclementandstphilipneripastorate.org

List other relatives living in our parish:
 RELATIONSHIP NAME ADDRESS TELEPHONE
