



# AVE MARIA CATHOLIC CHURCH PARISH REGISTRATION FORM

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_ Envelope#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Neighborhood: \_\_\_\_\_

### Head of Household:

Full Name: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_ Religion \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ (if retired list your previous occupation)

Marital Status: Single  Married  Widowed  Separate  Divorced  Annulled

Birthplace: \_\_\_\_\_ Language \_\_\_\_\_ Ethnicity \_\_\_\_\_

### Sacraments Received:

Baptism:  First Communion  Confirmation

Date of Marriage: \_\_\_\_\_ Church/Other \_\_\_\_\_ Where: \_\_\_\_\_  
(City) (State)

### Spouse:

Full Maiden Name: \_\_\_\_\_ Gender: M  F  Date of Birth: \_\_\_\_\_ Religion \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ (if retired list your previous occupation)

Marital Status: Single  Married  Separate  Divorced  Annulled

Birthplace: \_\_\_\_\_ Language \_\_\_\_\_ Ethnicity \_\_\_\_\_

### Sacraments Received:

Baptism:  First Communion  Confirmation

Date of Marriage: \_\_\_\_\_ Church/Other \_\_\_\_\_ Where: \_\_\_\_\_  
(City) (State)

### Members of our family are interested in serving in the following ministries of the Parish (please check)

- |  |  |
|--|--|
| <input type="checkbox"/> Altar Servers                             | <input type="checkbox"/> Legion of Mary Youth        |
| <input type="checkbox"/> Catechists                                | <input type="checkbox"/> Legion of Mary              |
| <input type="checkbox"/> Extraordinary Ministers of Holy Communion | <input type="checkbox"/> Rosary Makers               |
| <input type="checkbox"/> Lectors                                   | <input type="checkbox"/> Knights of Columbus         |
| <input type="checkbox"/> Adoration Holy Hour                       | <input type="checkbox"/> American Heritage Girls     |
| <input type="checkbox"/> Welcoming Committee                       | <input type="checkbox"/> Lay Cistercians             |
| <input type="checkbox"/> Columbiettes                              | <input type="checkbox"/> Seven Sisters Apostolate    |
| <input type="checkbox"/> Secular Franciscan Order                  | <input type="checkbox"/> Respect Life Group          |
| <input type="checkbox"/> That Man Is you.                          | <input type="checkbox"/> Parish Tours                |
| <input type="checkbox"/> Youth Ministry                            | <input type="checkbox"/> Music Ministry              |
| <input type="checkbox"/> Ave Prays                                 | <input type="checkbox"/> Ladies of the Little Flower |
| <input type="checkbox"/> Charismatic Prayer Group                  | <input type="checkbox"/> Marriage Ministry           |

**I am interested in Faith Formation:**

- RCIA       Religious Education       First Communion/Confirmation  
 Adult Faith Formation       Youth Group    Attend    Leader

**Dependent Child:**      Full Name: \_\_\_\_\_ Gender M  F  Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Religion: \_\_\_\_\_  
Birthplace: \_\_\_\_\_

**Sacraments Received:**      Baptism  First Communion  Confirmation

**Dependent Child:**      Full Name: \_\_\_\_\_ Gender M  F  Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Religion: \_\_\_\_\_  
Birthplace: \_\_\_\_\_

**Sacraments Received:**      Baptism  First Communion  Confirmation

**Dependent Child:**      Full Name: \_\_\_\_\_ Gender M  F  Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Religion: \_\_\_\_\_  
Birthplace: \_\_\_\_\_

**Sacraments Received:**      Baptism  First Communion  Confirmation

**Dependent Child:**      Full Name: \_\_\_\_\_ Gender M  F  Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Religion: \_\_\_\_\_  
Birthplace: \_\_\_\_\_

**Sacraments Received:**      Baptism  First Communion  Confirmation

**Dependent Child:**      Full Name: \_\_\_\_\_ Gender M  F  Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Religion: \_\_\_\_\_  
Birthplace: \_\_\_\_\_

**Sacraments Received:**      Baptism  First Communion  Confirmation

**Dependent Child:**      Full Name: \_\_\_\_\_ Gender M  F  Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Religion: \_\_\_\_\_  
Birthplace: \_\_\_\_\_

**Sacraments Received:**      Baptism  First Communion  Confirmation

**Dependent Child:**      Full Name: \_\_\_\_\_ Gender M  F  Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Religion: \_\_\_\_\_  
Birthplace: \_\_\_\_\_

**Sacraments Received:**      Baptism  First Communion  Confirmation

**NOTATIONS:**