Parish Registration Form

(CONFIDENTIAL—For Church Use Only—PLEASE PRINT LEGIBLY)
(Please return completed form to 502 Seminole Ave. NE, Atlanta, GA 30307, or drop it in the Collection Basket)

Today's Date: _____ **Form filled out by: _____**

Family Name _____		Telephone No. _____			Envelope No._____
Address: _____ _____		City: _____ State: _____ ZIP: _____			Wish to receive *The Guardian?* _____ Yes _____ No
Main language spoken at home: _____		E-Mail: _____			Do you wish a Pastoral visit? _____ Yes _____ No
Husband or Single Male: _____ First Name _____ Middle Name	Date of Birth	Catholic? (Circle One) Y N	Marital Status (Circle One) Single Married	Married in the Catholic Church? (Circle One) Y N	_____ Occupation _____ Business Phone
Wife or Single Female: _____ First & Maiden Name _____ Middle Name	Date of Birth	Catholic? (Circle One) Y N	Widow/er Divorced Separated	Date of Marriage: _____	_____ Occupation _____ Business Phone
Dependent Children: First & Last Name:	Date of Birth	Sex	Baptized?	1st. Communion?	Name of School or Occupation
1.		M F	Y N	Y N	
2.		M F	Y N	Y N	
3.		M F	Y N	Y N	
4.		M F	Y N	Y N	
5.		M F	Y N	Y N	
6.		M F	Y N	Y N	

Please indicate interest in volunteer activities by family member's name:

PARISH ACTIVITIES: _____ Choir **_____ Altar Boys**

_____ Religious Education **_____ Lector**

_____ MYO **_____ Usher**

PARISH COMMITTEES: _____Pastoral Council **_____Stewardship Council**

_____ Building Committee **_____ Altar & Rosary Society**

OTHER: _____