

ST. LEO PARISH REGISTRATION

(Only list persons who are living in the household or away at college)

1. Head of Household Information

Full Name: _____ Date of Birth _____

Address _____

Phone Number: _____ Home Cell Is this Your Primary Number: Yes No

Email Contact: _____ Is this Your Primary Email: Yes No

Religion _____ Sex M/F _____ Language(s) Spoken _____

Sacraments Received: Baptized: Yes No Church of Baptism: _____

Location: _____

1st Communion: Yes No Church of 1st Communion: _____

Location: _____

Confirmation: Yes No Church of Confirmation: _____

Location: _____

Marriage: (Where you and your spouse married by a Catholic priest or with permission of the church) Yes No^A

Marriage Date: _____ Place of Marriage: _____

^A If No, have you or your spouse been previously married? Yes^B No^C

^B If Yes, did you or your spouse obtain a decree of nullity (annulment) for the previous marriage(s), or is the previous spouse deceased? Yes No^D

^C If No, please inquire with the pastor about a convalidation of your current civil marriage.

^D If No, please inquire with the pastor or pastoral associate about pursuing a decree of nullity for your previous marriage(s).

Marital Status (if not married): Single Divorced Separated Widowed

2. Would you like to have weekly offering envelopes: Yes No

3. Spouse Information

Full (Maiden) Name: _____ Date of Birth: _____

Phone Number: _____ Home Cell Is this Your Primary Number: Yes No

Email Contact: _____ Is this Your Primary Email: Yes No

Religion _____ Sex M/F _____ Language(s) Spoken _____

Sacraments Received: Baptized: Yes No Church of Baptism: _____

Location: _____

1st Communion: Yes No Church of 1st Communion: _____

Location: _____

Confirmation: Yes No Church of Confirmation: _____

Location: _____

4. Check ministries you would like to volunteer for or activities you wish to be involved in:

- Hospitality (Greeter/usher)
- Extraordinary Minister of Holy Communion
- Lector
- Parish School of Religion Catechist
- Liturgical decorating committee
- Bereavement committee
- Pastoral care to nursing homes
- Knights of Columbus
- Christ Renews His Parish
- Pulse High School ministry
- Young At Heart
- Other (please list): _____

5. Comments:

6. Child's Full Name: _____ **Date of Birth:** _____

Religion _____ Sex M/F _____ Grade in School: _____

Languages spoken: _____

Sacraments Received: Baptized: Yes No Church of Baptism: _____
Location: _____

1st Communion: Yes No Church of 1st Communion: _____
Location: _____

Confirmation: Yes No Church of Confirmation: _____
Location: _____

7. Child's Full Name: _____ **Date of Birth:** _____

Religion _____ Sex M/F _____ Grade in School: _____

Languages spoken: _____

Sacraments Received: Baptized: Yes No Church of Baptism: _____
Location: _____

1st Communion: Yes No Church of 1st Communion: _____
Location: _____

Confirmation: Yes No Church of Confirmation: _____
Location: _____

MORE CHILDREN? WONDERFUL! PLEASE REQUEST A FORM WITH ADDITIONAL SPACE.

Family Name: _____

8. Child's Full Name: _____ **Date of Birth:** _____

Religion _____ Sex M/F _____ Grade in School: _____

Languages spoken: _____

Sacraments Received: Baptized: Yes No Church of Baptism: _____
Location: _____

1st Communion: Yes No Church of 1st Communion: _____
Location: _____

Confirmation: Yes No Church of Confirmation: _____
Location: _____

9. Child's Full Name: _____ **Date of Birth:** _____

Religion _____ Sex M/F _____ Grade in School: _____

Languages spoken: _____

Sacraments Received: Baptized: Yes No Church of Baptism: _____
Location: _____

1st Communion: Yes No Church of 1st Communion: _____
Location: _____

Confirmation: Yes No Church of Confirmation: _____
Location: _____

10. Child's Full Name: _____ **Date of Birth:** _____

Religion _____ Sex M/F _____ Grade in School: _____

Languages spoken: _____

Sacraments Received: Baptized: Yes No Church of Baptism: _____
Location: _____

1st Communion: Yes No Church of 1st Communion: _____
Location: _____

Confirmation: Yes No Church of Confirmation: _____
Location: _____