

ST. ADALBERT

ROMAN CATHOLIC PARISH

BEREA, OHIO • ESTABLISHED 1873

NEW PARISHIONER REGISTRATION FORM

FAMILY LAST NAME: _____ PREVIOUSLY REGISTERED HERE? Y N DATE: _____

ARE YOU A MEMBER OF ANOTHER PARISH? Y N IF SO, WHERE? _____

HUSBAND OR SINGLE MALE HEAD OF HOUSEHOLD:

NAME: _____

OCCUPATION: _____ ADDRESS: _____ CITY: _____ ZIP: _____

WORK PHONE: _____ PHONE: HOME: _____ CELL: _____

EMPLOYER: _____ EMAIL: _____

RELIGION: _____ MARITAL STATUS: MARRIED ___ SINGLE ___ WIDOWED ___ SEPARATED ___ DIVORCED ___

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: CHURCH, CITY, STATE: _____

MARRIED IN THE CATHOLIC CHURCH OUTSIDE THE CATHOLIC CHURCH OUT OF CHURCH WITH DISPENSATION

IF OUTSIDE OF THE CHURCH, WOULD YOU LIKE MORE INFORMATION ABOUT CONVALIDATING YOUR MARRIAGE IN THE CHURCH? Y N

SACRAMENTS RECEIVED: BAPTISM CHURCH & DATE: _____

EUCCHARIST CHURCH & DATE: _____

CONFIRMATION CHURCH & DATE: _____

HOLY ORDERS CHURCH & DATE: _____

DATE OF BIRTH: _____ HOW DO YOU LIKE TO BE ADDRESSED: _____

WIFE OR SINGLE FEMALE HEAD OF HOUSEHOLD:

NAME: _____

OCCUPATION: _____ ADDRESS: _____ CITY: _____ ZIP: _____

WORK PHONE: _____ PHONE: HOME: _____ CELL: _____

EMPLOYER: _____ EMAIL: _____

RELIGION: _____ MARITAL STATUS: MARRIED ___ SINGLE ___ WIDOWED ___ SEPARATED ___ DIVORCED ___

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HOLY ORDERS CHURCH & DATE: _____

DATE OF BIRTH: _____ HOW DO YOU LIKE TO BE ADDRESSED: _____

CHILDREN OR OTHER MEMBERS OF YOUR HOUSEHOLD

NAME: _____ GENDER: M F DATE OF BIRTH: _____ MARITAL STATUS: _____
RELATIONSHIP: _____ SCHOOL OR PLACE OF EMPLOYMENT: _____ GRADE: _____
RELIGION: _____ BAPTIZED? Y N IF YES, DATE AND PLACE _____
FIRST EUCHARIST? Y N IF YES, DATE AND PLACE: _____
CONFIRMED? Y N IF YES, DATE AND PLACE: _____
MARRIED? Y N IF YES, DATE AND PLACE: _____

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FIRST EUCHARIST? Y N IF YES, DATE AND PLACE: _____
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