

CHRIST THE KING CHAPEL PARISHIONER REGISTRATION FORM

ENVELOPE #	FAMILY NAME _____ HOME PHONE _____ CELL PHONE _____ WORK PHONE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ FAMILY EMAIL _____
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RESIDENT STATUS <input type="checkbox"/> YEAR ROUND NORTHERN ADDRESS _____ <input type="checkbox"/> SEASONAL FROM _____ TO _____ CITY _____ STATE _____ ZIP _____	MARITAL STATUS (CHECK ONLY ONE) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED (BY CATHOLIC PRIEST) <input type="checkbox"/> MARRIED BY THE STATE <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCE	CHURCH ATTENDANCE <input type="checkbox"/> WEEK DAYS WHEN POSSIBLE <input type="checkbox"/> SUNDAYS <input type="checkbox"/> WHEN TRAVEL PERMITS <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> TWICE A YEAR OR LESS
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	Head of Household	Spouse	Child at home under 18 years of age	Child at home under 18 years of age	Child at home under 18 years of age
First Name					
Last Name					
Gender	M/F	M/F	M/F	M/F	M/F
Date of Birth					
Occupation/School					
Religion					

Sacraments Please enter dates if known

Baptism	Y/N	Y/N	Y/N	Y/N	Y/N
1 st Communion	Y/N	Y/N	Y/N	Y/N	Y/N
Confirmation	Y/N	Y/N	Y/N	Y/N	Y/N
Marriage	Y/N	Y/N	Y/N	Y/N	Y/N

I'm interested in volunteering for the following activities:

_____ Usher/Greeter _____ Altar Server _____ Cleaning _____ Special Talents _____