ST. MICHAEL'S CATHOLIC CHURCH PARISH REGISTRATION FORM

Title: Mr. / Mrs. Mr. Mrs. Ms. Dr. Rank, etc. _____ Date : _____/_____/_____

Family Last Name _____

Street Address _____

City, State, Zip Code _____

Primary Phone Number ( )

Employer (His) _____ Work phone # _____

Employer (Hers) _____ Work phone # _____

Occupation (His) _____ Email (His) _____

Occupation (Hers) _____ Email (Hers) _____

Cell Phone # (His) _____ Cell Phone # (Hers) _____

Family Member Information

List your **first name** (plus last name if different) and the names of everyone living with you (does not apply to college roommates.)	**Date of Birth** (month/date/year) & **Gender** M-Male F-Female	**Marital Status** S-single M-married W-widowed Sp-separated D-divorced	**Each person's relationship to household** H-husband W-wife S-son D-daughter R-relative or non-R SH-single head of household SA-single adult	**ReligiousAffiliation** (Ca-Catholic Pr-Presbyterian Ox-Orthodox Pe- Pentecostal Me-Methodist Je-Jewish Bp-Baptist Ep-Episcopal Lu-Lutheran CC-Church of Christ Ev-Evangelical Nr-No Religion Other-Please specify	**Sacraments Received** B-Baptism P-Penance F-First Communion C-Confirmation **Religious Ed** (CFF– for school age children) Yes or No **Current Grade Level**	**Do you wish to receive contribution envelopes?** Yes or No
(examples) John	**3/16/73 M**	**M**	**H**	**Ca**	**B,P,F Yes 5th**	**Yes**

Comments/Other Information: If you are a single adult and would like to give the church office an emergency contact name and phone number, you may do so here. Also, if you are retired, you may list your prior occupation here:

St. Michael's Catholic Church
1100 North College Street
Auburn, AL 36830
Office: (334) 887-5540 Fax: (334) 887-5572
Rectory: (334) 209-1086 Campus Ministry: (334) 209-1711
Email: stmichaels@charter.net

For Office use only:

Entered in Power Church ____

Catholic Week ____

Copies to: Fr. Bill ____ Geri ____

Michelle ____ Rudi ____ 4/16