

St. Agnes Parish Confidential Family Registration

Moving from _____ Parish

Family Name _____

Primary Telephone _____

Address _____
Street City State Zip

Email _____

Marital Status _____ Date of Marriage _____ Has your marriage been blessed by the Church? Yes No
(Single, Married, Widowed, Divorced, Separated)

| Office Use | |
|------------|--|
| REC | |
| PS | |
| OSV | |
| FR | |
| WB | |
| CFF | |
| EVL # | |
| DWC | |
| MIN | |

The following information is used to keep accurate, historical and confidential records. Please provide all the information requested.

| Full name: First, Middle, Surname* (*if different from above) | Nickname | Sex (M/F) | Date of Birth (MM-DD-YY) | Religion | Baptized (list all dates, if known) | First Eucharist | First Reconcile | Confirmation | Occupation | | |
|--|----------|--------------|-----------------------------|----------|---|--------------------|--------------------|-------------------------|------------|---------------|---------------|
| Head of Household | | | | | | | | | | | |
| Spouse, include maiden surname | | | | | | | | | | | |
| Children at Home (dependent) Please list first and middle name. Families enrolling in CFF or Continuing Faith Formation for children, please complete back side of form. | | | | | | | | | Grade | Enroll in CFF | Special Needs |
| 1 | | | | | | | | | | Yes / No | Yes / No |
| 2 | | | | | | | | | | Yes / No | Yes / No |
| 3 | | | | | | | | | | Yes / No | Yes / No |
| 4 | | | | | | | | | | Yes / No | Yes / No |
| 5 | | | | | | | | | | Yes / No | Yes / No |
| 6 | | | | | | | | | | Yes / No | Yes / No |
| Children Away from Home | | | Marital Status | | Spouses Name (include maiden name) | | | Residence (City, State) | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Others Living with You | | | | | | | | | | Relationship | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Registration for CFF (Continuing Faith Formation) for Children

If any of your children were baptized outside of St. Agnes Parish, please provide a copy of their baptismal certificate at your earliest convenience.

Father's cell phone

Mother's cell phone

Emergency Contact

Name

Relationship

Phone(s)

Custodial Parent
(if different from above)

Send CFF Emails to Primary email
AND Secondary email (provide here)

Special Needs:

Child's Name

Medical, learning or
physical disability:

Child's Name

Medical, learning or
physical disability:

Child's Name

Medical, learning or
physical disability:

We list parishioner birthdays and anniversaries in our bulletin (month & day only). Our parishioners enjoy sharing in the celebration and strengthening our parish family. If you do not want your birthday and/or anniversary (month & day only) listed, please circle here. **EXCLUDE**

Living a life of stewardship and tithing our gifts of time, talents, and treasure is strongly encouraged at St. Agnes Parish. There are many parish ministries, activities, and organizations to choose from including Liturgy (Lectors, Hospitality, Altar Servers, Eucharistic Ministers, etc.), Prayer, Music, Youth events, Fellowship (youth, seniors, young families), Social Justice, Community Food Pantry, Faith Formation (RCIA, CFF, Workshops), Health, Fundraising, Facility Maintenance, Community Service, Youth & Young Adults Ministry, etc. How would you like to be involved in your new faith community? Would you like more information about a particular ministry?

Comments for our Pastor: