

ST. BENEDICT THE ABBOT CATHOLIC CHURCH REGISTRATION FORM

*" We are a community of
Faith and Love "*

The family information provided here will determine how your mail is addressed:

i.e. Mr. John Smith, Ms. Jane Doe, Mr. & Mrs. John Smith, Jr., Dr. & Mrs. John Smith, Drs. John and Jane Smith, Mr. Jane Smith and Dr. Jane Doe etc.

Family Name: _____ First Name: _____

Mr. Ms. Miss. Mrs. Mr. & Mrs. Dr. & Mrs. Drs. Mr. & Dr. Other _____
Sr. Jr. III IV Other _____

(If married)

Spouse's Last Name (when different) _____

Mr. Ms. Miss Mrs. Dr. Other _____

Spouse's First Name: _____

Unmarried adults will be registered separately, as two households

Please give us your physical address even if mail should be sent to a PO BOX .

Address: _____ Apt # _____

City, State: _____ Zip: _____

Home Phone: (_____) _____ Listed Unlisted

Second Phone: (_____) _____ Listed Unlisted

Check here to send mail to PO BOX

PO BOX _____ City, State: _____ Zip: _____

Information Regarding Marriage in the Church

Marriage is the one blessing that was not lost by original sin or washed away in the flood. Our Catholic Faith strongly desires that all married persons live their life in holiness and grace.

Are you married according to the laws of the Catholic Church? Yes No

If you are not married by a Catholic priest or deacon, did you have a dispensation or permission from marrying before a priest or deacon? Yes No

Did you marry before a civil magistrate? Yes No

If you were previously married and would like to seek remarriage in the Church, you will need to make an appointment with a priest or deacon. He will discuss the procedure with you.

If you would like someone from our office to call you regarding this situation, please check here.

Adult # 1	Adult # 2	Child	Child	Child
Last Name	Last Name	Last Name	Last Name	Last Name
First Name	First Name	First Name	First Name	First Name
Nickname	Nickname	Nickname	Nickname	Nickname
Head of Household #1 Husband Wife	Head of Household #2 Husband Wife	Circle Child Young Adult	Circle Child Young Adult	Circle Child Young Adult
Date of Birth	Date of Birth	Date of Birth	Date of Birth	Date of Birth
Gender: Male Female	Gender: Male Female	Gender: Male Female	Gender: Male Female	Gender: Male Female
Marital Status: Please Check Single <input type="checkbox"/> Married-In the church <input type="checkbox"/> Married-Civil <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Decree of Nullity Yes No	Marital Status: Please Check Single <input type="checkbox"/> Married-In the Church <input type="checkbox"/> Married-Civil <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Decree of Nullity Yes No	Child is registered in: STB CCE Yes NO	Child is registered in: STB CCE Yes NO	Child is registered in: STB CCE Yes NO
Religion Catholic Protestant Other: _____	Religion Catholic Protestant Other: _____	Religion Catholic Protestant Other: _____	Religion Catholic Protestant Other: _____	Religion Catholic Protestant Other: _____
Sacraments received: Baptism Holy Communion Penance Confirmation Marriage	Sacraments received: Baptism Holy Communion Penance Confirmation Marriage	Sacraments received: Baptism Holy Communion Penance Confirmation	Sacraments received: Baptism Holy Communion Penance Confirmation	Sacraments received: Baptism Holy Communion Penance Confirmation
Language (s) Spoken	Language (s) Spoken	Language (s) Spoken	Language (s) Spoken	Language (s) Spoken
Ethnic Background	Ethnic Background	School Attending	School Attending	School Attending
Occupation	Occupation	Current Grade	Current Grade	Current Grade
Business Phone	Business Phone			

Infants and Pre-School Children

Last Name	Last Name	Last Name	Last Name	Last Name
First Name	First Name	First Name	First Name	First Name
Date of Birth	Date of Birth	Date of Birth	Date of Birth	Date of Birth
Religion Catholic Protestant Other: _____	Religion Catholic Protestant Other: _____	Religion Catholic Protestant Other: _____	Religion Catholic Protestant Other: _____	Religion Catholic Protestant Other: _____
Sacrament Baptism Yes <input type="checkbox"/> No <input type="checkbox"/>	Sacrament Baptism Yes <input type="checkbox"/> No <input type="checkbox"/>	Sacrament Baptism Yes <input type="checkbox"/> No <input type="checkbox"/>	Sacrament Baptism Yes <input type="checkbox"/> No <input type="checkbox"/>	Sacrament Baptism Yes <input type="checkbox"/> No <input type="checkbox"/>
School Attending	School Attending	School Attending	School Attending	School Attending