



PARISH REGISTRATION FORM

DATE: _____

LAST NAME: _____ HOME PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SINGLE: _____ MARRIED: _____ WIDOWED: _____ DIVORCED: _____

MALE: NAME: _____

FEMALE: NAME: _____

RELIGION: _____

RELIGION: _____

BIRTHDATE: _____

BIRTHDATE: _____

WORK PHONE NO.: _____

WORK PHONE NO.: _____

CELL PHONE NO.: _____

CELL PHONE NO.: _____

FAMILY E-MAIL ADDRESS: _____

Would you like to receive a free subscription to the Catholic Spirit newspaper? YES _____ NO _____

PLEASE LIST NAME, DATE & PLACE OF SACRAMENTS FOR THE ADULTS IN YOUR FAMILY

NAME	BAPTISM	PENANCE	COMMUNION	CONFIRMATION	MARRIAGE

Please fill out sacramental information on reverse side.

PLEASE LIST NAME, DATE & PLACE OF SACRAMENTS FOR YOUR CHILDREN

NAME	BIRTHDATE	BAPTISM	PENANCE	COMMUNION	CONFIRMATION	GRADE



You may place this completed form in the collection basket, bring to the Parish Office or mail to:

**Church of Corpus Christi
2131 Fairview Ave. N.
Roseville, MN 55113
(651)639-8888
office@churchofcorpuschristi.org
www.churchofcorpuschristi.org**