

ST ELIZABETH ANN SETON PARISH REGISTRATION FORM

Revised Nov.
2020

INSTRUCTIONS: Please PRINT clearly.

FAMILY ID# _____

Family Last Name _____ Today's Date _____

First Name _____ Spouse First Name _____

How would you like your mail addressed? Mr./Mrs. Mr. Mrs. Miss Other _____

Street Address _____

City _____ State _____ Zip + four _____

Home Phone _____ Unlisted (Y/N) _____ His Cell Phone _____

Her Cell Phone _____

Family E-mail _____

This e-mail will be used for parish communications to the family.

If you wish to receive e-mails at additional e-mail addresses please list

His E-mail _____ Her E-mail _____

What is the best way to reach you? Home Phone Cell Phone E-mail Mail _____ Other _____

Marital Status: Married (By a Catholic Priest/Deacon or sanctioned by the Catholic Church: Yes No)

Marriage Date: _____ Church name where married _____

Church city, state _____

Single Separated Widowed Divorced Annulled Married Civilly Non-Church

Our choice for Stewardship of Treasure will be

Envelopes On- Line Giving (Office use: Temp envelopes mailed _____)

Mass preference

4:00 pm Saturday 8:30 am Sunday 11:30 am Sunday 8:30 am Daily Mass

We (I) attend Mass: daily weekly bimonthly monthly Holidays only

Previous Parish (Name & Location) _____

Please be sure to notify your previous parish of the transfer of membership to Saint Elizabeth Ann Seton.

Notified? (Y/N) _____

How Can We Help You?

A member of the staff would be happy to contact you if you have questions about any of the following.

Baptism Reconciliation First Communion Confirmation Wedding Annulment

Parish School of Religion Regional School JR & SR High Ministry Young Adult Ministry (age 18-35)

I would like to talk with a Priest Other _____

ST ELIZABETH ANN SETON PARISH REGISTRATION FORM

Revised Nov.
2020

FAMILY INFORMATION

Include all children in the home who are to be counted as part of your household. Children over 18-20 should register as a young adult. Everyone 21 and older **MUST** register under their own name. Please list Date for Sacraments. (Baptism, 1st Communion, Confirmation)

	SELF	SPOUSE	CHILD	CHILD
First Name				
Nickname				
Middle Name				
Last Name if Different				
Maiden Name			XXXXXX	XXXXXX
Gender (M/F)				
Date of Birth				
Religion(specify)				
Employer			XXXXX	XXXXX
Position/Type of Work			XXXXX	XXXXX
Work Number			XXXXX	XXXXX
School	XXXXX	XXXXX		
Grade/ School Year	XXXXX	XXXXX	Grade ____ 20__-20__	Grade ____ 20__-20__
Baptism (Date) Church Name City, State	<input type="radio"/> Yes _____ <input type="radio"/> No	<input type="radio"/> Yes _____ <input type="radio"/> No	<input type="radio"/> Yes _____ <input type="radio"/> No	<input type="radio"/> Yes _____ <input type="radio"/> No
First Communion Church Name City, State	<input type="radio"/> Yes _____ <input type="radio"/> No	<input type="radio"/> Yes _____ <input type="radio"/> No	<input type="radio"/> Yes _____ <input type="radio"/> No	<input type="radio"/> Yes _____ <input type="radio"/> No
Confirmation Church Name City, State	<input type="radio"/> Yes _____ <input type="radio"/> No	<input type="radio"/> Yes _____ <input type="radio"/> No	<input type="radio"/> Yes _____ <input type="radio"/> No	<input type="radio"/> Yes _____ <input type="radio"/> No
Ministry Interest				
Talent Interest				
Special Needs				

Family info - Additional Children (Cont'd)

	CHILD	CHILD	CHILD	CHILD
First Name				
Nickname				
Middle Name				
Last Name if Different				
CHILD's Name <i>continued</i>				
Gender				
Date of Birth				
Religion (specify)				
School				
Grade School Year	Grade __ 20__ - 20__	Grade __ 20__ - 20__	Grade __ 20__ - 20__	Grade __ 20__ - 20__
Baptism (Date) Church Name City, State	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
First Communion Church Name City, State	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Confirmation Church Name City, State	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Ministry Interests				
Talents				
Special Needs				

Our parish website www.seasnh.org has complete description of ministries for both adults and children who can participate to enhance our Liturgies, Religious Formation Class, building/grounds, etc.

Office Use Only:

Date Received: _____

Date Entered in PDS: _____

Entered by: _____

Check List:

_____ **Welcome/Thank you for registering**

_____ **Notify appropriate staff and ministries for interests and help needed**

Staff or ministry member name

Staff or ministry member name

Staff or ministry member name

Staff or ministry member name

Staff or ministry member name

_____ **Updated Constant Contact**

_____ **Notified Jane Long at Diocese for DLA & Catholic Accent**

_____ **Ministry/Talents Lists for PDS**