Thank you for printing information Divine Mercy Parish Registration Form Family Name _____ Date ____ Address _____ Apt # _____ City _____ Zip Code _____ E-mail _____ Phone ()_____ Adult Male Adult Female First Name _____ First Name ____ Date of Birth _____ Maiden Name ____ Religion Date of Birth ____ Occupation _____ Religion _____ Currently Employed _____ Retired Occupation _ Currently Employed ____ Retired Sacraments Received (yes/no) Sacraments Received (yes/no) Baptism ____ Baptism ____ Name of Church _____ Name of Church Confirmation ____ 1st Communion ____ Confirmation _____ 1st Communion ____ Marital Status Marital Status Single ____ Separated ____ Single ____ Separated ____ Divorced ____ Widowed ____ Divorced ____ Widowed ____ How often do you attend Mass? How often do you attend Mass? Weekly ____ Monthly ___ Seldom ____ Weekly ____ Monthly ___ Seldom ____ If Married or Engaged to be Married Anticipated Wedding Date _____ Engaged _____ Married _____ Date _____ Church ____ City/State ____ Type of Ceremony (circle) Catholic Non-denominational Other For Archdiocesan Reporting, please indicate (name) of any family member who is: OFFICE USE ONLY Env. No. _____

For Archdiocesan Reporting, please indicate (name) of any family member who is:

African American _______

American Indian ______

Hispanic/Latino ______

Southeast Asian ______

OFFICE USE ONLY
Env. No. ____
PDS ___
Cath. Corp ___
Letter ___
Sue Repa ____

FAMILY RECORD

Dependent Name	Last Name if different	
Gender Date of Birth		
Baptism Church	City/State	
Communion (yes/no)	Reconciliation (yes/no)	Confirmation (yes/no)
Dependent Name	Last Name if different	
Gender Date of Birth		
Baptism Church	City/State	
Communion (yes/no)	Reconciliation (yes/no)	Confirmation (yes/no)
Name of School Attending		Grade
Dependent Name	Last Name if dif	ferent
Gender Date of Birth		
Baptism Church	City/State	
Communion (yes/no)	Reconciliation (yes/no)	Confirmation (yes/no)
Name of School Attending		Grade
Dependent Name	Last Name if dif	ferent
Gender Date of Birth		
Baptism Church	City/State	
Communion (yes/no)	Reconciliation (yes/no)	Confirmation (yes/no)
OTHER:		
Which parish were you most rece	ntly a member of?	
	ormation Program?	
	cy School?	
	Non-English Speaking Homebound parent/spouse Developmental disabilities:	Language