

Family Name: \_\_\_\_\_ ID/Envelope: \_\_\_\_\_

### ST. ELIZABETH ANN SETON PARISH REGISTRATION FORM

Home Phone: \_\_\_\_\_  Phone Unlisted Development: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Street \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ Street \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

#### HEAD OF HOUSEHOLD Mr. Mrs. Ms. Miss Dr.

Name: \_\_\_\_\_  
Last First MI

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Degree: \_\_\_\_\_

Gender:  M  F - Maiden Name: \_\_\_\_\_

Marital Status:  Church Marriage  Civil Marriage  Widowed  
 Single  Separated  Divorced  Annulled

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Religion:  Catholic  Other \_\_\_\_\_

Handicap: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth Father: \_\_\_\_\_  
(First, Middle Initial, Last Name)

Birth Mother: \_\_\_\_\_  
(First, Middle Initial, Maiden Name)

#### SACRAMENTS RECEIVED

Baptism  Yes  No

\_\_\_\_\_ Church \_\_\_\_\_ City/State

1st Communion  Yes  No

\_\_\_\_\_ Church \_\_\_\_\_ City/State

Confirmation  Yes  No

\_\_\_\_\_ Church \_\_\_\_\_ City/State

Marriage  Yes  No Date \_\_\_\_\_

\_\_\_\_\_ Church \_\_\_\_\_ City/State

#### SPOUSE Mr. Mrs. Ms. Miss Dr.

Name: \_\_\_\_\_  
Last First MI

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Degree: \_\_\_\_\_

Gender:  M  F - Maiden Name: \_\_\_\_\_

Marital Status:  Church Marriage  Civil Marriage  Widowed  
 Single  Separated  Divorced  Annulled

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Religion:  Catholic  Other \_\_\_\_\_

Handicap: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birth Father: \_\_\_\_\_  
(First, Middle Initial, Last Name)

Birth Mother: \_\_\_\_\_  
(First, Middle Initial, Maiden Name)

#### SACRAMENTS RECEIVED

Baptism  Yes  No

\_\_\_\_\_ Church \_\_\_\_\_ City/State

1st Communion  Yes  No

\_\_\_\_\_ Church \_\_\_\_\_ City/State

Confirmation  Yes  No

\_\_\_\_\_ Church \_\_\_\_\_ City/State

Marriage  Yes  No Date \_\_\_\_\_

\_\_\_\_\_ Church \_\_\_\_\_ City/State

# ADDITIONAL PEOPLE IN HOME

Family Name: \_\_\_\_\_

ID/Envelope: \_\_\_\_\_

	1ST PERSON	2ND PERSON	3RD PERSON	4TH PERSON
<b>Relationship to Head of Household</b>	<input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	<input type="checkbox"/> Child <input type="checkbox"/> Other Adult <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
<b>Name (Last, First, MI)</b>				
<b>Grade / Degree</b>				
<b>Gender :</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Maiden Name:</b>				
<b>Birth Date</b>				
<b>Language</b>				
<b>Ethnicity</b>				
<b>Religion</b>				
<b>Handicap</b>				
<b>Occupation</b>				
<b>Place of Birth</b>				
<b>Birth Father</b>				
<b>Birth Mother</b>				
<b>Birth Mother's Maiden Name</b>				
<b>Sacraments Received</b>				
<b>Baptism</b>	<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
<b>1st Communion</b>	<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
<b>Confirmation</b>	<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
<b>Penance</b>	<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
<b>Marriage</b>	<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

**TREASURE:** Please write your name on enclosed envelopes. You will be mailed envelopes quarterly.

### TIME AND TALENT

As a Baptized Christian, you are expected to become active in parish life. Please indicate in which area you wish to share your time and talent.

<p><b>LITURGY</b></p> <input type="checkbox"/> Liturgy Committee <input type="checkbox"/> RCIA <input type="checkbox"/> Art/Environment <input type="checkbox"/> Choir/Musician <input type="checkbox"/> Altar Server <input type="checkbox"/> Usher/Greeter <input type="checkbox"/> Altar Linen Caretaker <input type="checkbox"/> Lector <input type="checkbox"/> Eucharistic Minister	<p><b>CHRISTIAN FORMATION</b></p> <input type="checkbox"/> Christian Formation Committee <input type="checkbox"/> Catechist <input type="checkbox"/> Catechist Aide <input type="checkbox"/> Vacation Bible School <input type="checkbox"/> Adult Formation Committee <input type="checkbox"/> Seton Tweens (gr.7-8) <input type="checkbox"/> Seton Teens (H.S.) <input type="checkbox"/> Marriage Prep.Team	<p><b>PARISH &amp; FAMILY LIFE</b></p> <input type="checkbox"/> Prayer Group <input type="checkbox"/> Carnival Committee <input type="checkbox"/> Welcome Committee <input type="checkbox"/> CYM Athletics Committee <input type="checkbox"/> Knights of Columbus <input type="checkbox"/> Special Events Committee <input type="checkbox"/> Parish Hall Committee	<p><b>SOCIAL CONCERNS</b></p> <input type="checkbox"/> Social Concerns Committee <input type="checkbox"/> Parish Outreach <input type="checkbox"/> St. Vincent DePaul <input type="checkbox"/> Respect Life Committee <input type="checkbox"/> Food Closet <input type="checkbox"/> Hospital Visitation <input type="checkbox"/> Bereavement Committee <input type="checkbox"/> Sister Parish	<p><b>BUILDING AND MAINTENANCE</b></p> <input type="checkbox"/> Green Thumb Committee <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Painting <input type="checkbox"/> HVAC <input type="checkbox"/> Mechanical <input type="checkbox"/> Church Cleaning Committee	<p><b>FINANCE</b></p> <input type="checkbox"/> Finance Council <input type="checkbox"/> Stewardship <input type="checkbox"/> Annual Catholic Appeal
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