



## Visitation of the Blessed Virgin Mary Catholic Church

### NEW PARISHIONER REGISTRATION FORM

Please list all of the family members living in your home. This is a private record and will be kept reasonably confidential.

Date: \_\_\_\_\_

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

First Name: \_\_\_\_\_

(Head of Household, single person or Catholic member of family)

Name of Spouse (if applicable): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widow: \_\_\_\_\_ Divorced: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

List all members of household, including head of the household:

Name	M/F	DOB	Sacraments	Occupation/School
			Bapt/Comm/Conf	
			Bapt/Comm/Conf	
			Bapt/Comm/Conf	
			Bapt/Comm/Conf	
			Bapt/Comm/Conf	
			Bapt/Comm/Conf	
			Bapt/Comm/Conf	
			Bapt/Comm/Conf	
			Bapt/Comm/Conf	
			Bapt/Comm/Conf	

Others at Residence: \_\_\_\_\_

Is anyone in your home unable to attend Mass? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Reason: Age: \_\_\_\_\_ Illness: \_\_\_\_\_ Transportation: \_\_\_\_\_ Other: \_\_\_\_\_

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