

**ST. PHILIP NERI CATHOLIC CHURCH  
REGISTRATION FORM**

Rev. 04/01/2010

**\* OFFICE USE ONLY:**

\* NOLL \_\_\_\_\_ TEMPORARY \_\_\_\_\_  
 \* PS \_\_\_\_\_ WELCOME \_\_\_\_\_  
 \* FILED \_\_\_\_\_ PASTOR \_\_\_\_\_  
 \* \* \* \* \*

Date \_\_\_\_\_

Family Last Name \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Telephone \_\_\_\_\_ Unlisted Listed (circle one)

Former Parish \_\_\_\_\_

Marital Status (circle one) Married Single Divorced Separated Widow Widower  
 Married by a (circle one) Priest Deacon Minister Other **MARRIAGE DATE** \_\_\_\_\_

Do you have a child to be baptized? Yes No (circle one) Would you like to receive "The Catholic Review" \_\_\_\_\_

**FULL NAME (NO INITIALS)** Date of Religion Baptized Communion Confirm Attend Church  
 (Everyone living at above address) Birth Cath/Other Yes/No Yes/No Yes/No Yes/No/Occ.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 MALE OR SPOUSE **Middle Name**  
 Occupation \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 Company \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 FEMALE OR SPOUSE **Middle Middle**  
 Occupation \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 Company \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First **Middle Name** Male/Female E-MAIL \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First **Middle Name** Male/Female E-MAIL \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First **MiddleName** Male/Female E-MAIL \_\_\_\_\_

**IF MORE SPACE IS REQUIRED FOR THE ABOVE OR FOLLOWING SECTIONS, PLEASE USE REVERSE SIDE OF THIS FORM.**

Would you like to receive Church Offering Envelopes? YES NO (circle one)  
 If yes, addressed: Mr. & Mrs. Mr. Mrs. Ms. Miss (circle one)

Would you, or any member of your family, like to be a member of the following: **(NAMES PLEASE)**  
 CCD TEACHER/VOLUNTEER \_\_\_\_\_ LADIES SODALITY \_\_\_\_\_ CHOIR \_\_\_\_\_  
 PTA HOME/SCHOOL ASSOC. \_\_\_\_\_ MEN'S CLUB \_\_\_\_\_ CANTOR \_\_\_\_\_  
 MARTHA/MARY MINISTRY \_\_\_\_\_ YOUTH GROUP \_\_\_\_\_ LECTOR \_\_\_\_\_  
 EUCHARISTIC MINISTER \_\_\_\_\_ ALTAR SOCIETY \_\_\_\_\_ USHER \_\_\_\_\_

Please list areas in which you would like to volunteer

\_\_\_\_\_  
 List other relatives living in our parish:  
 RELATIONSHIP NAME ADDRESS TELEPHONE  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_