

SAINT AUGUSTINE CHURCH REGISTRATRIION FORM

30 Caputo Road North Branford, CT 06471-1027
website: www.staugustine.catholicweb.com

Phone: 203-484-0403 Fax: 203-484-0132
email: staugustinenobfdct@sbcglobal.net

Family Name:

Last: _____

First: _____ **Spouse:** _____

Title: (circle one)

Mr. & Mrs. Mr. Mrs. Ms. Miss Dr. Dr. & Mrs.

Street Address: _____ **PO Box:** _____

City/State: _____ **Zip Code:** _____

Home Phone #: _____ **Unlisted?** **YES** **NO**

Email Address: _____

Date Registered: (month/day/year) ___/___/___

Marital Status: (circle one)

Church Marriage Marriage Single Engaged Divorced Separated Widowed

Please check here if you do NOT want offertory envelopes: _____

Comments/Remarks:

* * * * PLEASE COMPLETE OTHER SIDE OF THIS FORM ALSO * * * *

MEMBER INFORMATION

| | HEAD | SPOUSE | CHILD | CHILD | CHILD |
|---|------|--------|-------|-------|-------|
| First Name | | | | | |
| Maiden Name/ Last Name if Different | | | | | |
| Marital Status | | | | | |
| Religion | | | | | |
| Handicap? | | | | | |
| Language | | | | | |
| Occupation | | | | | |
| Employer/ School | | | | | |
| Bus phone | | | | | |
| Current Grade or Highest Grade Completed | | | | | |
| Sex | M F | M F | M F | M F | M F |
| Date of Birth | | | | | |
| Baptism | Y N | Y N | Y N | Y N | Y N |
| Communion | Y N | Y N | Y N | Y N | Y N |
| Confirmation | Y N | Y N | Y N | Y N | Y N |
| Matrimony | Y N | Y N | Y N | Y N | Y N |
| Penance | Y N | Y N | Y N | Y N | Y N |
| Attends CCD | | | Y N | Y N | Y N |
| Ministries/ Talents | | | | | |
| Will Volunteer for | | | | | |