

St. Clement Catholic Community
Parishioner Registration Form
(Please Print)

Family Name _____ Envelope # _____

Address _____

City/State _____ Zip Code _____

Phone Number _____ Date Registered _____

Marital Status: **Church Marriage** _____ **Married** _____ **Single** _____
 Divorced _____ **Separated** _____ **Widowed** _____

Email Address (optional) _____

HEAD OF THE HOUSEHOLD

Name _____ Sex: Male ___ Female ___

Title: Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Ethnicity _____

Maiden Name _____ Birth Date _____

Religion _____ Language (s) Spoken _____

Occupation _____ Location _____

Cell Phone (optional) _____ Education _____

Sacraments Received: **Baptism (Y / N)** **1st Communion (Y / N)** **Penance (Y / N)**

Confirmation (Y / N) **Marriage (Y / N)** If yes, date of marriage _____

Church/Location _____

SPOUSE

Name _____ Sex: Male ___ Female ___

Title: Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Ethnicity _____

Maiden Name _____ Birth Date _____

Religion _____ Language (s) Spoken _____

Occupation _____ Location _____

Cell Phone (optional) _____ Education _____

Sacraments Received: **Baptism (Y / N)** **1st Communion (Y / N)** **Penance (Y / N)**

Confirmation (Y / N) **Marriage (Y / N)** If yes, date of marriage _____

Church/Location _____

	1	2	3
Child's Name			
Last Name (if different)			
Birth Date			
Age			
Religion			
Sex (M or F)			
Baptism (Y or N)			
1st Communion (Y or N)			
Penance (Y or N)			
Confirmation (Y or N)			

	4	5	6
Child's Name			
Last Name (if different)			
Birth Date			
Age			
Religion			
Sex (M or F)			
Baptism (Y or N)			
1st Communion (Y or N)			
Penance (Y or N)			
Confirmation (Y or N)			

Talents/Ministries for Family (Lector, Eucharistic Minister, etc) _____
