Saint Leo Parish registration form

Date: _____

Registration / Envelope No. _____

FAMILY NAME (LAST NAME): _____   Home Phone: _____

P.O. Box _____   Street Address: _____

CITY _____ ZIP _____

Method of Parish Contribution: ____ Please Send Envelopes   ____Online Giving   ____ Other

1.	First Name:	Middle Name:	Maiden Name:	Last Name:	Gender: M F
	Date of Birth:	Cell Phone:	E-Mail:	Occupation: Employer:	
	Marital Status (Circle One): Single Married Divorced Widowed				

Sacraments: Baptism   Y   N   Eucharist   Y   N   Confirmation   Y   N   Marriage   Y   N

If Yes, please list:	Date: Church: City/State	Date: Church: City/State:	Date: Church: City/State:	Date: Church: City/State:

2.	First Name:	Middle Name:	Maiden Name:	Last Name:	Gender: M F
	Date of Birth:	Cell Phone:	E-Mail:	Occupation: Employer:	
	Marital Status (Circle One): Single Married Divorced Widowed				

Sacraments: Baptism   Y   N   Eucharist   Y   N   Confirmation   Y   N   Marriage   Y   N

If Yes, please list:	Date: Church: City/State	Date: Church: City/State:	Date: Church: City/State:	Date: Church: City/State:

Please Go To Reverse Side

Children:

1.	First Name:	Middle Name:	Last Name:	Gender: M F
	Date of Birth:	Grade:	School:	

Sacraments: Baptism   Y   N   Eucharist   Y   N   Confirmation Y   N

If Yes, please list:
	Date:	Date:	Date:
	Church:	Church:	Church:
	City/State	City/State:	City/State:

2.	First Name:	Middle Name:	Last Name:	Gender: M F
	Date of Birth:	Grade:	School:	

Sacraments: Baptism   Y   N   Eucharist   Y   N   Confirmation Y   N

If Yes, please list:
	Date:	Date:	Date:
	Church:	Church:	Church:
	City/State	City/State:	City/State:

If you have more than two children in your household, please attach an additional form

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We are interested in learning more about the following ministries at St. Leo's (Please circle all that apply):

Liturgical   Music Ministry   Service/Outreach   Educational/Formational   Other: _____

We have the following special needs in our household (e.g. Autism, Homebound, Confined to wheelchair, Blindness)

Please list: _____

We would like to share the following information which may help St. Leo's to serve our household more effectively:

Share: _____