

**PARISH REGISTRATION FORM**

**ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH**  
**P O BOX 438, AIKEN, SC, 29802; PHONE: 803-649-4777**

Family Last Name \_\_\_\_\_ Env/ID # \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ Mailing Address (if different from above) \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
 1st Language \_\_\_\_\_ 2nd Language \_\_\_\_\_ Last Parish Attended \_\_\_\_\_  
City/State

	HEAD OF HOUSEHOLD	SPOUSE
First Name		
Last Name		
Religion		
Ethnicity		
Occupation		
Employer & Phone Number		
Date and Place of Birth		
[M]ale or [F]emale		
Grade Completed		
Baptism	Denomination _____ Date _____	Denomination _____ Date _____
	Church _____ City _____ State _____	Church _____ City _____ State _____
First Communion	Denomination _____ Date _____	Denomination _____ Date _____
	Church _____ City _____ State _____	Church _____ City _____ State _____
Confirmation	Denomination _____ Date _____	Denomination _____ Date _____
	Church _____ City _____ State _____	Church _____ City _____ State _____
Marital Status	Single ( )      Married ( )      Divorced ( )      Widowed ( )      Remarried ( )	
Where Married: Date _____	( ) Catholic Church   ( ) Protestant Church   ( ) Other   ( ) Civil   AND   With Catholic Church Permission ( ) Yes   ( ) No	

