

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	

