ST. ADALBERT

ROMAN CATHOLIC PARISH

BEREA, OHIO ● ESTABLISHED 1873

NEW PARISHIONER REGISTRATION FORM

FAMILY LAST NAME: _____   PREVIOUSLY REGISTERED HERE? Y N   DATE: _____

ARE YOU A MEMBER OF ANOTHER PARISH? Y N   IF SO, WHERE? _____

HUSBAND OR SINGLE MALE HEAD OF HOUSEHOLD: NAME: _____

OCCUPATION: _____   ADDRESS: _____

WORK PHONE: _____   PHONE: HOME: _____ CELL: _____

EMPLOYER: _____   EMAIL: _____

RELIGION: _____   MARITAL STATUS: MARRIED ____ SINGLE ____ WIDOWED ____ SEPARATED ____ DIVORCED ____

DATE OF MARRIAGE: _____   PLACE OF MARRIAGE: CHURCH, CITY, STATE: _____

MARRIED IN THE CATHOLIC CHURCH ☐   OUTSIDE THE CATHOLIC CHURCH ☐   OUT OF CHURCH WITH DISPENSATION ☐

IF OUTSIDE OF THE CHURCH, WOULD YOU LIKE MORE INFORMATION ABOUT CONVALIDATING YOUR MARRIAGE IN THE CHURCH? Y N

SACRAMENTS RECEIVED: BAPTISM CHURCH & DATE: _____

EUCHARIST CHURCH & DATE: _____

CONFIRMATION CHURCH & DATE: _____

HOLY ORDERS CHURCH & DATE: _____

DATE OF BIRTH: _____   HOW DO YOU LIKE TO BE ADDRESSED: _____

WIFE OR SINGLE FEMALE HEAD OF HOUSEHOLD: NAME: _____

OCCUPATION: _____   ADDRESS: _____

WORK PHONE: _____   PHONE: HOME: _____ CELL: _____

EMPLOYER: _____   EMAIL: _____

RELIGION: _____   MARITAL STATUS: MARRIED ____ SINGLE ____ WIDOWED ____ SEPARATED ____ DIVORCED ____

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CONFIRMATION CHURCH & DATE: _____

HOLY ORDERS CHURCH & DATE: _____

DATE OF BIRTH: _____   HOW DO YOU LIKE TO BE ADDRESSED: _____

CHILDREN OR OTHER MEMBERS OF YOUR HOUSEHOLD

NAME: _____ GENDER: M F   DATE OF BIRTH: _____ MARITAL STATUS: _____
RELATIONSHIP: _____ SCHOOL OR PLACE OF EMPLOYMENT: _____ GRADE: ___
RELIGION: _____
BAPTIZED? Y N   IF YES, DATE AND PLACE: _____
FIRST EUCHARIST? Y N   IF YES, DATE AND PLACE: _____
CONFIRMED? Y N   IF YES, DATE AND PLACE: _____
MARRIED? Y N   IF YES, DATE AND PLACE: _____

NAME: _____ GENDER: M F   DATE OF BIRTH: _____ MARITAL STATUS: _____
RELATIONSHIP: _____ SCHOOL OR PLACE OF EMPLOYMENT: _____ GRADE: ___
RELIGION: _____
BAPTIZED? Y N   IF YES, DATE AND PLACE: _____
FIRST EUCHARIST? Y N   IF YES, DATE AND PLACE: _____
CONFIRMED? Y N   IF YES, DATE AND PLACE: _____
MARRIED? Y N   IF YES, DATE AND PLACE: _____

NAME: _____ GENDER: M F   DATE OF BIRTH: _____ MARITAL STATUS: _____
RELATIONSHIP: _____ SCHOOL OR PLACE OF EMPLOYMENT: _____ GRADE: ___
RELIGION: _____
BAPTIZED? Y N   IF YES, DATE AND PLACE: _____
FIRST EUCHARIST? Y N   IF YES, DATE AND PLACE: _____
CONFIRMED? Y N   IF YES, DATE AND PLACE: _____
MARRIED? Y N   IF YES, DATE AND PLACE: _____

NAME: _____ GENDER: M F   DATE OF BIRTH: _____ MARITAL STATUS: _____
RELATIONSHIP: _____ SCHOOL OR PLACE OF EMPLOYMENT: _____ GRADE: ___
RELIGION: _____
BAPTIZED? Y N   IF YES, DATE AND PLACE: _____
FIRST EUCHARIST? Y N   IF YES, DATE AND PLACE: _____
CONFIRMED? Y N   IF YES, DATE AND PLACE: _____
MARRIED? Y N   IF YES, DATE AND PLACE: _____