

Please register me/us as active, supporting member(s) of the parish community. I/We would like you to count on my/our support in the life of Beatitudes faith community. ENV NO. _____

PLEASE PRINT

HOUSEHOLD FAMILY NAME _____ PHONE NO _____ CELL NO _____

ADDRESS: _____ CITY: _____ ZIP: _____

HEAD OF HOUSEHOLD INFO

LAST NAME: _____ FIRST NAME : _____ MIDDLE INITIAL : _____

DATE OF BIRTH : _____
(MM/DD/YY) _____ OCCUPATION : _____ LOCATION : _____

WORK PHONE : _____ ETHNICITY : _____

GRADE /

DEGREE COMPLETED: Post Grad College High School _____ Others (Pls. specify)

RELIGION : _____ LANGUAGES : _____ FAMILY E-MAIL _____

SACRAMENTS RECEIVED : Baptism First Communion Confirmation Penance

MARITAL STATUS: Married Divorced Separated Widowed Single

SPOUSE OR ANOTHER FAMILY MEMBER INFO

LAST NAME: _____ FIRST NAME : _____ MIDDLE INITIAL : _____

DATE OF BIRTH : _____
(MM/DD/YY) _____ OCCUPATION : _____ LOCATION : _____

WORK PHONE : _____ ETHNICITY : _____

DEGREE COMPLETED: Post Grad College High School _____ Others (Pls. specify)

RELIGION : _____ LANGUAGES : _____

SACRAMENTS RECEIVED : Baptism First Communion Confirmation Penance

MARITAL STATUS: Married Divorced Separated Widowed Single

Note: If you were not married by a Roman Catholic priest, are you interested to have your marriage blessed by the Church? (If yes, please see one of our priests). Yes No Comments : _____

CHILDREN/OTHER FAMILY MEMBERS LIVING AT HOME

NAME	M / F	DATE OF BIRTH MM/DD/YY	BAPTISM DATE MM/DD/YY	FIRST COMMUNION MM/DD/YY	CONFIRMATION MM/DD/YY	ATTENDS BEATITUDES SCH/CCD?

OUR FAMILY (Please check):

WANTS INFORMATION ON PARISH MINISTRIES. Please call.

HAS SPECIAL NEEDS. (Please specify) _____

Date submitted: _____

Please return to the parish office by mail or via the collection basket on Sunday.
All information is strictly confidential