

**PARISH REGISTRATION – ST. BARTHOLOMEW CHURCH, MANCHESTER, CT**

FAMILY LAST NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

MARITAL STATUS     Single     Church Marriage     Married     Divorced     Separated     Widowed

Will you support our parish by using the weekly envelopes?     Yes     No

Do you have any special needs? \_\_\_\_\_

**Please complete below for each family member**

	<b>Head of Household</b>	<b>Spouse</b>	<b>Child at Home</b>	<b>Child at Home</b>	<b>Child at Home</b>
<b>First Name</b>					
<b>Maiden Name</b>					
<b>Male or Female</b>					
<b>Birth Date</b>					
<b>Marital status</b>					
<b>Religion</b>					
<b>Occupation</b>					
<b>Work Location</b>					
<b>Work Phone</b>					
<b>Cell Phone or other phone</b>					
<b>Email address</b>					

**SACRAMENTAL INFORMATION**

<b>Baptism</b>	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date
<b>First Communion</b>	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date
<b>Confirmation</b>	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date
<b>Marriage</b>	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date	<input type="checkbox"/> yes <input type="checkbox"/> no Date

Office Use: Date \_\_\_\_\_ ENV. # \_\_\_\_\_ PDS \_\_\_\_\_