

**NEW PARISHIONER REGISTRATION FORM**

St. Peter Chanel Catholic Church  
 11330 Woodstock Road, Roswell, GA 30075  
 Parish Office 678-277-9424 Religious Education 678-832-1230 Fax 678-277-9423

Date: \_\_\_\_\_ Registration #: \_\_\_\_\_  
 Family Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Single ( ) Married ( ) Divorced ( ) Annulment ( ) Widowed ( )  
 Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Previous Parish: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Check if Unlisted ( )  
 Family E-mail Address: \_\_\_\_\_

**ADULT INFORMATION**

<b>Employment:</b>	<b>His</b>	<b>Hers</b>
Employer		
Employer Address		
Telephone Number		

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Second Language:** \_\_\_\_\_

Birth Date	M/F	Religion	Sacraments Received (X) Baptism, Communion, Confirmation, Marriage ( ) ( ) ( ) ( )	Occupation

**Spouse's Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Second Language:** \_\_\_\_\_

Birth Date	M/F	Religion	Sacraments Received (X) Baptism, Communion, Confirmation, Marriage ( ) ( ) ( ) ( )	Occupation

**DEPENDENT INFORMATION (LIVING AT HOME)**

***\*\*Please note: if registering after June 1<sup>st</sup>, please indicate grade level entering in the Fall.***

Name MI (Last, if different)	Nickname	Birth Date	M/F	Grade**	Baptized (Yr)	Communion (Yr)	Confirmation (Yr)

Please note any special family needs: (i.e. physically challenged, shut-ins, etc.) \_\_\_\_\_

Emergency Contact (Other than residence):  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Office Use Only

**W E C S**