

NEW PARISHIONER REGISTRATION FORM

St. Peter Chanel Catholic Church

11330 Woodstock Road
Roswell, GA 30075

Registration #: _____

Please **PRINT** all answers clearly.

Family (Last) Name: _____ Date: _____

Registrant Name: _____ (M/F) Preferred Name: _____
Formal First Name & MI

Spouse's Name: _____ (M/F) Preferred Name: _____
Formal First Name & MI (Maiden Name)

Marital Status: Single () Married () Divorced () Annulment () Widowed ()

Street Address: _____ City: _____ Zip Code: _____

Primary Telephone #: Check if Unlisted() _____ Subdivision: _____

Primary Cell Phone #: _____ Primary E-mail Address: _____

Previous Parish of Registration: _____ City/St: _____

Personal Info.	Registrant: Mr. Mrs. Ms. Miss Dr.	Spouse: Mr. Mrs. Ms. Miss Dr.
Date of Birth	mm/dd/yyyy	mm/dd/yyyy
Religion	Roman Catholic: Yes No If "No", other denomination:	Roman Catholic: Yes No If "No", other denomination:
Sacraments Received	Sacraments Received (X) Baptism__ Communion__ Confirmation__ Marriage__	Sacraments Received (X) Baptism__ Communion__ Confirmation__ Marriage__
Secondary Language		
Cell Phone #		
Occupation		
Employer Name		
Work Phone		

DEPENDENT INFORMATION (LIVING AT HOME)

**Please note: if registering after June 1st, please indicate grade level entering in the Fall.
Children over 18 are suggested to register separately.*

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

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

Emergency Contact: Name _____ Relationship: _____ Telephone #: _____