



St. Clement of Rome Parish

Parishioner Registration

Family Name (last name only): _____

Email Address: _____

Mailing Name (e.g. Mr. & Mrs. John Smith, John & Mary Smith, etc.)

Mailing Address: _____

Number Street (Apt.) City State Zip

Home Phone: _____

Daytime Phone (Husband): _____

Daytime Phone (Wife): _____

Listing in the Guide Book?

___ Yes ___ No

Marital Status: Single Married Separated

Divorced Widow/Widower

Envelopes: ___ Yes ___ No

If so: ___ Monthly ___ Weekly

MALE

FEMALE

First Name: _____

Middle Name: _____

Date of Birth _____

Occupation: _____

Place of Employment: _____

Religion: _____

Marriage Date: _____ Married by a priest? ___ Yes ___ No

Reason for joining SCR Parish:

[OVER]

In which ministries would you like to participate? _____

CHILD'S INFORMATION

Name: Last _____ First _____ Middle _____

_____ Male _____ Female Date of Birth: _____ Religion: _____

Sacraments Received (check if applicable):

Baptism First Communion Confirmation

School Currently Attending: _____ Grade: _____

CHILD'S INFORMATION

Name: Last _____ First _____ Middle _____

_____ Male _____ Female Date of Birth: _____ Religion: _____

Sacraments Received (check if applicable):

Baptism First Communion Confirmation

School Currently Attending: _____ Grade: _____

CHILD'S INFORMATION

Name: Last _____ First _____ Middle _____

_____ Male _____ Female Date of Birth: _____ Religion: _____

Sacraments Received (check if applicable):

Baptism First Communion Confirmation

School Currently Attending: _____ Grade: _____