



St. Clement of Rome Parish

Parishioner Registration

Family Name (last name only): _____

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

Mailing Address: _____
Number Street (Apt.) City State Zip

Primary Phone: (____) _____ Primary Email Address: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widow/Widower

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

MALE

FEMALE

First Name: _____

Middle Name: _____ Maiden: _____

Date of Birth: _____

Cell Phone: (____) _____ (____) _____

Email Address: _____

Religion: _____

Would you like to be listed in our Parish Directory? ___ Yes ___ No

Would you like information about online giving? ___ Yes ___ No

If no, would you like to receive collection envelopes? ___ Yes ___ No

If yes, how often? ___ Monthly ___ Weekly

[OVER]

