

Church Registration Form



OUR SAVIOUR'S CATHOLIC COMMUNITY

5301 North Atlantic Avenue, Cocoa Beach, FL 32931

OFFICE (321) 783-4554

Parish Website: www.oursavioursparish.org

Welcome to Our Saviour's Community we look forward to having you join us in worship and sacramental life, as well as the various ministries, educational programs, and social activities in which you may have interest.

OUR SAVIOUR'S CATHOLIC COMMUNITY

(Please complete form and turn into the office.)

Registration Date _____

Envelope# _____

Male Head of Household Information Cell Phone: _____		Female Head of Household Information Cell Phone: _____	
Last Name: _____ First Name: _____		Last Name: _____ First Name: _____	
Title: (e.g. Mr., Mrs., Dr.) _____ Nickname: _____		Title: (e.g. Mrs. Ms. Dr.) _____ Maiden Name: _____	
Birthdate: _____		Birthdate: _____ Nickname: _____	
Occupation: _____		Occupation: _____	
Religion: _____		Religion: _____	
Sacraments: : Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>		Sacraments: Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	
Marital Status (check): Married <input type="checkbox"/> Date of Marriage: _____ Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed <input type="checkbox"/>			
Married in Catholic Church <input type="checkbox"/> Married Civilly <input type="checkbox"/> Other <input type="checkbox"/> _____			

FAMILY INFORMATION

Street Address: _____		Permanent: <input type="checkbox"/> Seasonal: <input type="checkbox"/> from: _____ to _____	
City/State/Zip: _____			
Home Phone: _____			
Family Email Address(es): _____			
Family Mailing Address (if different than street address above): (Children over the age of 21 should have their own registration card.)			

FAMILY MEMBER INFORMATION

Children at Home First Name	Last Name (If different)	Sex M/F	Birthdate	Relationship (son, daughter, niece, etc.)	Religion	Baptized	First Communion	Confirmation	Name of School Attending
1)						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
2)						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
3)						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
4)						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
5)						Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
Others at Home (e.g. adult children, Grandparents, etc.)	First Name	Last Name	Sex M/F	Birthdate	Relationship	School/College/Occupation			
Does anyone in your household have special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>									

Emergency Contact and Phone Number: _____