CHRIST THE KING CATHOLIC CHURCH REGISTRATION FORM

Head of household Full Name:Address:						Today's Date: Apt #: Wife's Maiden Name (if applicable)						
May we pul	blish your ho	me/mobile ph	one numb	er in the pa	rish phone	directory? Y/N	Email?	Y/N Address?	Y/N			
E-mail (incl	lude addresse	es for teens, w	ork, etc. if	f desired): _								
begin arrivit I/We prefer	ng, and will b electronic fu	e in the name o und transfer _	of the head (You w	of househole ill be contac	d or couple eted with mo	er name will be concernation or the concernation of the concernati	e specified.,		envelopes. Er	nvelopes m	ay take up to t	wo months to
First Name	Middle Name (important)	Last Name	Gender (M/F)	Birth mm/dd/yy	Baptism	Parish/Church Baptism was received?	First Confessi on (no date required)	First Communion	Confirmation	Marriage mm/dd/yy	Occupation or Grade in School	School Attending
Comments:	:											
For Office U	Jse: Date Ent	ered	F	aith Magazi	ne	OS	V	1	Mail Chimp_			