

St. Elizabeth Ann Seton Family Registration Form

Today's Date: _____

Please include all family members living in your household. For households with multiple families, please complete a separate registration for each family. Adult children over 21 may also register individually. Please include as much information as possible and return form in the collection basket or to the parish office. Form may also be completed and submitted online at www.setonparish.org. Thank you!

FAMILY INFORMATION

Family Name: _____ (As you would like it to appear in mailings)
Head Last Name: _____ **First:** _____ **Title:** _____
Spouse Last : _____ **First:** _____ **Title:** _____
Street Address: _____ **City/State:** _____
 _____ **Zip:** _____
Primary Phone: _____ **Description** _____ (cell,home,work,other)
Other Phone: _____ **Description** _____ (cell,home,work,other)
Family Email: _____
Mailing Address: _____ **City/State:** _____
 (if different) _____ **Zip:** _____

When did you begin attending St. Elizabeth Ann Seton? _____ (Month and year, if known)
Preferred Mass Time(s): ___ 5:00 Sat ___ 7:00 ___ 8:15 ___ 10:00 ___ 11:45 ___ 1:15 ___ 5:00 ___ 6:30 ___ None
Giving Preference: ___ Online ___ Envelopes ___ Mail/Bank Billpay ___ Loose Cash ___ Other

INDIVIDUAL FAMILY MEMBER INFORMATION - #1

Last Name: _____ **First Name:** _____ **Middle:** _____
Preferred Name: _____ **Title:** _____ **Suffix:** _____ **Maiden Name:** _____
Personal Information:
Relationship (Father, Mother, Son, etc): _____ **Marital Status:** _____
Grade/Degree: _____ **Gender:** _____ **Birthdate:** _____
Language: _____ **Ethnicity:** _____ **Occupation:** _____
Religion: _____ **Special Need:** _____ **Employer:** _____
Phone: _____ **Description:** _____ (cell,home,work,other)
Email: _____
Birthplace: _____
Baptism: _____ **If Yes, Date:** _____
Father's name: _____ **Mother's (Maiden) Name:** _____
Church Name & Location: _____
1st Communion: _____ **Date:** _____
Confirmation: _____ **Date:** _____
Marriage: _____ **Date:** _____ **Church Name & Location:** _____
Marriage Type: _____ (Catholic / Other Church / Civil / Common Law / Other)

I would like to volunteer the following skills: _____
I would like to volunteer for the following ministries: _____

INDIVIDUAL FAMILY MEMBER INFORMATION - #2

Last Name: _____ **First Name:** _____ **Middle:** _____
Preferred Name: _____ **Title:** _____ **Suffix:** _____ **Maiden Name:** _____
Personal Information:
Relationship (Father, Mother, Son, etc): _____ **Marital Status:** _____
Grade/Degree: _____ **Gender:** _____ **Birthdate:** _____
Language: _____ **Ethnicity:** _____ **Occupation:** _____

Individual Family Member #2 (cont'd)

Religion: _____ Special Need: _____ Employer: _____
 Phone: _____ Description: _____ (cell,home,work,other)
 Email: _____
 Birthplace: _____
 Baptism: _____ If Yes, Date: _____
 Father's name: _____ Mother's (Maiden) Name: _____
 Church Name & Location: _____
 1st Communion: _____ Date: _____
 Confirmation: _____ Date: _____
 Marriage: _____ Date: _____ Church Name & Location: _____
 Marriage Type: _____ (Catholic / Other Church / Civil / Common Law / Other)

I would like to volunteer the following skills: _____

I would like to volunteer for the following ministries: _____

INDIVIDUAL FAMILY MEMBER INFORMATION - #3

Last Name: _____ First Name: _____ Middle: _____
 Preferred Name: _____ Title: _____ Suffix: _____ Maiden Name: _____
Personal Information:
 Relationship (Father, Mother, Son, etc): _____ Marital Status: _____
 Grade/Degree: _____ Gender: _____ Birthdate: _____
 Language: _____ Ethnicity: _____ Occupation: _____
 Religion: _____ Special Need: _____ Employer: _____
 Phone: _____ Description: _____ (cell,home,work,other)
 Email: _____
 Birthplace: _____
 Baptism: _____ If Yes, Date: _____
 Father's name: _____ Mother's (Maiden) Name: _____
 Church Name & Location: _____
 1st Communion: _____ Date: _____
 Confirmation: _____ Date: _____
 Marriage: _____ Date: _____ Church Name & Location: _____
 Marriage Type: _____ (Catholic / Other Church / Civil / Common Law / Other)

I would like to volunteer the following skills: _____

I would like to volunteer for the following ministries: _____

Please use multiple forms for additional members.

Notes: _____

For parish office use:

Date Received: _____ Family ID #: _____ New Family: Y N
 Entered by: _____ Envelopes: _____ Registration Date: _____