

**ST. ELIZABETH ANN SETON CATHOLIC CHURCH
REGISTRATION FORM NEW MEMBER Yes () No ()**

Office Use Only
DATE REC'D _____
env ___ letter ___ c entry ___ ov ___

FAMILY LAST NAME _____

Address _____ City _____ State _____ Zip _____
Telephone _____ E-mail Address _____

HEAD OF HOUSEHOLD

Mr/Mrs/Miss _____ Name _____ Date of Birth _____ Age _____
Religion _____ Marital status _____
Employer _____ Position _____
Work phone _____ Cell phone _____

SPOUSE Mr/Mrs/Miss _____ Name _____ Date of Birth _____ Age _____
Religion _____ Marital status _____
Employer _____ Position _____
Work phone _____ Cell phone _____

PLEASE CHOOSE: I will Tithe through FAITH DIRECT _____ I will use Collection Envelopes _____ Continue on back

CHILDREN - In college or younger living at home. (Please fill out a separate form for all adults living with you.)

NAME _____	Age _____	Date of Birth _____	Sex _____
NAME _____	Age _____	Date of Birth _____	Sex _____
NAME _____	Age _____	Date of Birth _____	Sex _____
NAME _____	Age _____	Date of Birth _____	Sex _____
NAME _____	Age _____	Date of Birth _____	Sex _____
NAME _____	Age _____	Date of Birth _____	Sex _____
NAME _____	Age _____	Date of Birth _____	Sex _____

COMMENTS: _____

