

New Member Registration

Please circle the church you wish to be registered with:

Sacred Heart

St. Martin

St. Mary

Registration date: _____ Cell: _____

Family Name: _____ Cell: _____

Address: _____ E-Mail: _____

_____ E-Mail: _____

Home Phone: _____

Family information and sacraments:

Name: Male <input type="checkbox"/> Female <input type="checkbox"/>	Name: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: _____	Date of Birth: _____
Date of Baptism: Church of Baptism: _____	Date of Baptism: Church of Baptism: _____
Date of First Communion: Church of First Communion: _____	Date of First Communion: Church of First Communion: _____
Date of Confirmation: Church of Confirmation: _____	Date of Confirmation: Church of Confirmation: _____
Date of Marriage: Church of Marriage: _____	Date of Marriage: Church of Marriage: _____

Name: Male <input type="checkbox"/> Female <input type="checkbox"/>	Name: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: _____	Date of Birth: _____
Date of Baptism: Church of Baptism: _____	Date of Baptism: Church of Baptism: _____
Date of First Communion: Church of First Communion: _____	Date of First Communion: Church of First Communion: _____
Date of Confirmation: Church of Confirmation: _____	Date of Confirmation: Church of Confirmation: _____
Date of Marriage: Church of Marriage: _____	Date of Marriage: Church of Marriage: _____

Name:	Name:
Male__ Female__	Male__ Female__
Date of Birth:	Date of Birth:
Date of Baptism:	Date of Baptism:
Church of Baptism:	Church of Baptism:
Date of First Communion:	Date of First Communion:
Church of First Communion:	Church of First Communion:
Date of Confirmation:	Date of Confirmation:
Church of Confirmation:	Church of Confirmation:
Date of Marriage:	Date of Marriage:
Church of Marriage:	Church of Marriage:

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Church of First Communion:	Church of First Communion:
Date of Confirmation:	Date of Confirmation:
Church of Confirmation:	Church of Confirmation:
Date of Marriage:	Date of Marriage:
Church of Marriage:	Church of Marriage:

Once completed please return to Parish Office:

The Catholic Communities
 PO Box 386
 Wanatah, IN 46390
 Or
 Drop in collection basket with Attn: Parish Office, Registration
 Or
 Email: carolberger304@gmail.com