

**St. Elizabeth Ann Seton Catholic Community  
Parish Enrollment Form**

**HOUSEHOLD INFORMATION**

FAMILY LAST NAME \_\_\_\_\_ Family Phone: \_\_\_\_\_ Unlisted? YES NO

STREET ADDRESS \_\_\_\_\_

SECOND RESIDENCE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
From Month \_\_\_\_\_ Day \_\_\_\_\_ to Month \_\_\_\_\_ Day \_\_\_\_\_

SECOND RESIDENCE PHONE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
UNLISTED? YES NO

E-MAIL ADDRESS \_\_\_\_\_

PLEASE CIRCLE MASS YOU USUALLY ATTEND:  
5:30 PM 9:00 AM 12:00 NOON

<b>HEAD OF HOUSEHOLD</b>	Gender (Circle one)	Male	Female
<b>FULL NAME</b>	_____	_____	_____
	Last	First	Middle Name
Nickname _____	Maiden Name _____		
Birth Date _____	Highest Grade Completed _____	Language _____	
Occupation _____	Employer _____		
Work Phone _____	Cellphone _____		
<b>MARITAL STATUS (circle one)</b>			
SINGLE	WIDOWED	SEPARATED	DIVORCED
MARRIED IN CATHOLIC CHURCH	MARRIED IN ANOTHER CHURCH	CIVIL MARRIAGE	
MARRIAGE DATE _____	PLACE _____		
HANDICAPPED? (Circle one)	NO	YES _____	SHUT IN? NO YES
	Type of Disability		
RELIGION _____			
<b>SACRAMENTAL INFORMATION</b>			
BAPTISM	1ST COMMUNION	CONFIRMATION	
YES or NO _____	_____	_____	
DATE _____	_____	_____	
LOCATION _____	_____	_____	
CITY / STATE _____	_____	_____	

<b>SPOUSE</b>	Gender (Circle one)	Male	Female
<b>FULL NAME</b>	_____	_____	_____
	Last	First	Middle Name
Nickname _____	Maiden Name _____		
Birth Date _____	Highest Grade Completed _____	Language _____	
Occupation _____	Employer _____		
Work Phone _____	Cellphone _____		
<b>MARITAL STATUS (circle one)</b>			
SINGLE	WIDOWED	SEPARATED	DIVORCED
MARRIED IN CATHOLIC CHURCH	MARRIED IN ANOTHER CHURCH	CIVIL MARRIAGE	
MARRIAGE DATE _____	PLACE _____		
HANDICAPPED? (Circle one)	NO	YES _____	SHUT IN? NO YES
	Type of Disability		
RELIGION _____			
<b>SACRAMENTAL INFORMATION</b>			
BAPTISM	1ST COMMUNION	CONFIRMATION	
YES or NO _____	_____	_____	
DATE _____	_____	_____	
LOCATION _____	_____	_____	
CITY / STATE _____	_____	_____	

*For Office Use Only:* Envelope # \_\_\_\_\_  
Registration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ADULT #3:** Gender (Circle one) Male Female  
 Relationship to Head of Household \_\_\_\_\_

**FULL NAME** \_\_\_\_\_  
 Last First Middle Name

Nickname \_\_\_\_\_ Maiden Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_ Language \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cellphone \_\_\_\_\_

**MARITAL STATUS** (circle one)  
 SINGLE WIDOWED SEPARATED DIVORCED

MARRIED IN CATHOLIC CHURCH MARRIED IN ANOTHER CHURCH CIVIL MARRIAGE

MARRIAGE DATE \_\_\_\_\_ PLACE \_\_\_\_\_

HANDICAPPED? (Circle one) NO YES \_\_\_\_\_ SHUT IN? NO YES  
 Type of Disability \_\_\_\_\_

RELIGION \_\_\_\_\_

	<b>SACRAMENTAL INFORMATION</b>		
	BAPTISM	1ST COMMUNION	CONFIRMATION
YES or NO	_____	_____	_____
DATE	_____	_____	_____
LOCATION	_____	_____	_____
CITY / STATE	_____	_____	_____

**CHILD #1:** Gender (Circle one) Male Female  
 Relationship to Head of Household \_\_\_\_\_

**FULL NAME** \_\_\_\_\_  
 Last First Middle Name

Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Language \_\_\_\_\_ Cellphone \_\_\_\_\_

Occupation \_\_\_\_\_ School \_\_\_\_\_

HANDICAPPED? (Circle one) NO YES \_\_\_\_\_ SHUT IN? NO YES  
 Type of Disability \_\_\_\_\_

RELIGION \_\_\_\_\_

	<b>SACRAMENTAL INFORMATION</b>		
	BAPTISM	1ST COMMUNION	CONFIRMATION
YES or NO	_____	_____	_____
DATE	_____	_____	_____
LOCATION	_____	_____	_____
CITY / STATE	_____	_____	_____

**CHILD #2:** Gender (Circle one) Male Female  
 Relationship to Head of Household \_\_\_\_\_

**FULL NAME** \_\_\_\_\_  
 Last First Middle Name

Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Language \_\_\_\_\_ Cellphone \_\_\_\_\_

Occupation \_\_\_\_\_ School \_\_\_\_\_

HANDICAPPED? (Circle one) NO YES \_\_\_\_\_ SHUT IN? NO YES  
 Type of Disability \_\_\_\_\_

RELIGION \_\_\_\_\_

	<b>SACRAMENTAL INFORMATION</b>		
	BAPTISM	1ST COMMUNION	CONFIRMATION
YES or NO	_____	_____	_____
DATE	_____	_____	_____
LOCATION	_____	_____	_____
CITY / STATE	_____	_____	_____

**CHILD #3:** Gender (Circle one) Male Female  
 Relationship to Head of Household \_\_\_\_\_

**FULL NAME** \_\_\_\_\_  
 Last First Middle Name

Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Language \_\_\_\_\_ Cellphone \_\_\_\_\_

Occupation \_\_\_\_\_ School \_\_\_\_\_

HANDICAPPED? (Circle one) NO YES \_\_\_\_\_ SHUT IN? NO YES  
 Type of Disability \_\_\_\_\_

RELIGION \_\_\_\_\_

	<b>SACRAMENTAL INFORMATION</b>		
	BAPTISM	1ST COMMUNION	CONFIRMATION
YES or NO	_____	_____	_____
DATE	_____	_____	_____
LOCATION	_____	_____	_____
CITY / STATE	_____	_____	_____

**ANY SPECIAL NOTES?**