



Saints Francis & Clare of Assisi
A Roman Catholic Church

REGISTRATION FORM

Envelope Number: _____
(issued by staff)

FAMILY (LAST) NAME: _____

PHONE: _____ UNLISTED? _____

ADDRESS _____

CITY: _____ ZIP: _____

SUBDIVISION _____

EMAIL ADDRESS: _____

Can we contact you via email? YES or NO

PREVIOUSLY REGISTERED PARISH _____

CURRENT MARITAL STATUS: MARRIED IN CATHOLIC CHURCH MARRIED IN OTHER CHURCH CIVIL MARRIAGE
SINGLE DIVORCED SEPARATED WIDOWED

If married, Date of Wedding _____ Church of Wedding _____ City of Wedding _____

Please sign here _____ to acknowledge your approval for SS Francis & Clare to use photographs of the below listed members in parish publications and on the parish website.

	Adult	Adult	Child	Child	Child	Child	Child
			<i>Please only indicate information for children living AT HOME with you</i>				
First Name							
Last Name (if different)							
Middle Name							
Title (Dr. Mrs, Miss)							
Name goes by							
Birthdate							
Marital Status							
Gender							
Occupation / Grade if Student							
Religion							

SACRAMENTAL INFORMATION: Please fill in your CHURCH and CITY of BAPTISM. Please check all sacraments that have been received.

Baptism Church							
Baptism City							
Communion							
Penance							
Confirmation							

Please return your registration form to the parish office, via the collection basket, email to kdollens@ss-fc.org or mail to 5901 Olive Branch Rd, Greenwood, IN 46143.