

**PARISH REGISTRATION FORM**

**ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH**

**P O BOX 438, AIKEN, SC, 29802; PHONE: 803-649-4777**



Family Name \_\_\_\_\_ Env/ID # \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Mailing Address (if different from above) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

1st Language \_\_\_\_\_ 2nd Language \_\_\_\_\_ Last Parish Attended \_\_\_\_\_  
City/State

First name/Middle name and Suffix (Jr., Sr., III, IV)	HEAD OF HOUSEHOLD	SPOUSE
Different last name/woman's Maiden name		
Religion		
Ethnicity		
Occupation		
Employer & Phone Number		
Date and Place of Birth		
[M]ale or [F]emale		
Grade Completed		
Baptism	Denomination _____ Date _____ Church _____ City _____ State _____	Denomination _____ Date _____ Church _____ City _____ State _____
First Communion	Denomination _____ Date _____ Church _____ City _____ State _____	Denomination _____ Date _____ Church _____ City _____ State _____
Confirmation	Denomination _____ Date _____ Church _____ City _____ State _____	Denomination _____ Date _____ Church _____ City _____ State _____
Marital Status:	Single ( )      Married ( )      Divorced ( )	Widowed ( )      Remarried ( )      Annulled ( )
Where Married: Date _____	( ) Catholic Church ( ) Protestant Church ( ) Other ( ) Civil AND With Catholic Church Permission ( ) Yes ( ) No	
Church _____	City _____ State _____	

**CHILDREN LIVING AT HOME**  
(Under the age of 18)

<b>Full Name &amp; Suffix</b>	<b>Birth Date &amp; Place of birth</b>	[M]ale [F]emale	<b>School Attending</b>	<b>Grade</b>	<b>BAPTIZED</b> Denomination-Date- Church-City-State	<b>FIRST COMMUNION</b> Denomination-Date- Church-City-State	<b>CONFIRMATION</b> Denomination-Date- Church-City-State