



# St. Gregory the Great Catholic Church

## Registration Form

Reg. Date:

/ /

Env. #:

### 1

Please print all information

1. Name:

Female

Male

DOB:

/ /

Marital Status:

Single

Married Civilly

Married in Catholic Church

Baptism:

First Communion:

Reconciliation:

Confirmation:

2. Name:

Female

Male

DOB:

/ /

Marital Status:

Single

Married Civilly

Married in Catholic Church

Baptism:

First Communion:

Reconciliation:

Confirmation:

### Contact Information:

Address:

City/State:

Zip:

Home Phone:

Cell Phone: (

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Family Email:

## Children/Other Family Member Information

Name	Relationship	DOB	Bapt.   Eucha.   Confirm.
		/ /	
		/ /	
		/ /	
		/ /	

## 2

### Please check any personal concerns you or your family may have:

Updating my/our understanding of the Church

Receiving the sacraments:

Baptism

Penance/Reconciliation

Eucharist

Confirmation

Matrimony

Speaking to priests about personal difficulties

Discussing a problem that has kept me/us away from the Church

## 3

a) If there is someone in your home who is unable to attend Mass, would you like someone to bring him/her Holy Communion on a regular basis?

Yes      No

b) Would any non-Catholic family members desire more information about the Church?

Yes      No

c) If you have children of school age and they are not at St. Gregory Catholic School, would you like information about our school?

Yes      No

d) If you have children attending public schools who are not participating in Religious Education classes, would you like information about our program?

Yes      No