



St. Justin Martyr - Parish Registration Form

Registration Date _____ Pastor Approval _____
 Envelope Number: _____ PDS: _____

Family Name: _____ Wife Maiden Name : _____ Mr. & Mrs. Mr. Mrs. Ms.

Address: _____ City _____ Zip _____

Phone # (home) _____ Unlisted? Yes No (cell/work) _____

Married Date Married: _____ Place of Marriage: _____ (Married by: Priest Minister JP)

Single Widowed Separated Cohabitation Divorced Annulled? Yes No Do not list in Guide Book

Mass Attendance: Weekly Occasionally Easter/Christmas Does not attend Not Catholic Electronic Giving Information

NAME/ E-mail NAME/ E-mail NAME/ E-mail

FAMILY MEMBER Name	Male/ Female	Birth date (m/d/yr)	* Race	Religion	Baptism Y/N Date/ Place	Communion Y/N Date/Place	Confirmation Y/N Date/Place	Occupation/Place of Employment or School/Grade
HEAD OF HOUSEHOLD								
SPOUSE								
CHILD								
CHILD								
CHILD								
CHILD								

*RACE: Please use numbers (1) Caucasian (2) African American (3) Hispanic (4) Asian (5) Native American (6) Other

Special Needs/Circumstances:

Additional contact information: (individual family e-mail accounts, seasonal mailing address, etc.)

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HEAD OF HOUSEHOLD								
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CHILD								

Pastor Notes: _____
