



**SAINT ANNE
CATHOLIC CHURCH
PARISH REGISTRATION FORM**
CREATING A LEGACY OF FAITH AND HOPE

FOR OFFICE USE ONLY
ID/ENV. #: _____ Entered by: _____

Please Print Clearly

Name of person providing information:

(Print)

(Signature)

Family Last Name : _____

Family Email: _____

Primary Phone: _____

Mailing Check if same as physical address
Address _____

Address: _____

Alternate or Northern Address:

Will you be a full time or seasonal resident?
Full time Resident Seasonal Resident
How did you learn about St. Anne Catholic Church?
New Homeowner Letter Friend/Relative
Internet Newspaper Ad
Other _____

HEAD OF HOUSEHOLD	
Title: _____ Last Name: _____	First : _____ Middle: _____
i.e., Mr., Mrs., Ms., Rev. Mr., Rev. Dcn., Sr. Initial	
DOB: ___/___/___ month day year	Ethnicity: _____ Gender: ___ Disability: No <input type="checkbox"/> Yes <input type="checkbox"/> M,F
Religion: _____	Occupation: _____ Degree: _____
Marital Status: Married: Church <input type="checkbox"/> or Civil <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	
Please indicate Sacraments received in the Catholic Church:	
Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Holy Matrimony <input type="checkbox"/>	
Languages spoken: _____	Personal email: _____
Personal phone: _____	Alternate phone: _____

SPOUSE OR OTHER ADULT IN THE HOUSEHOLD

Title: _____ Last Name: _____ First : _____ Middle: _____
i.e., Mr., Mrs., Ms., Rev. Mr., Rev. Dcn., Sr. Initial

DOB: ___/___/___ Ethnicity: _____ Gender: _____ Disability: No Yes
MONTH DAY YEAR M,F

Religion: _____ Occupation: _____ Degree: _____

Marital Status: Married: Church or Civil Single Widowed Divorced Separated

Please indicate Sacraments received in the Catholic Church:

Baptism First Communion Confirmation Holy Matrimony

Languages spoken: _____ Personal email: _____

Personal phone: _____ Alternate Phone: _____

If planning to marry or married civilly, would you like to meet with a priest regarding annulment, convalidation, or sacramental marriage? Yes No

Do you have other questions or concerns and wish to schedule an appointment with a priest? Yes No

Do you wish to receive personalized offertory envelopes? Yes No

Would you like information about Online Giving? Yes No

ADDITIONAL FAMILY MEMBERS IN THE HOUSEHOLD

MEMBER

Relationship to the head of the household: Son Daughter Other _____

Last Name: _____ First Name: _____ Date of Birth: ___/___/___
month day year

Ethnicity: _____ Gender: _____ Disability: No Yes
M, F

Religion: _____ For a child, please write their grade and school: _____, _____

Please indicate Sacraments received in the Catholic Church:

Baptism First Communion Confirmation Holy Matrimony

Languages spoken: _____ Personal email: _____

Personal phone: _____ Alternate phone: _____

MEMBER

Relationship to the head of the household: Son Daughter Other _____

Last Name: _____ First Name: _____ Date of Birth: ____/____/____
month day year

Ethnicity: _____ Gender: _____ Disability: No Yes _____
M, F

Religion: _____ For a child, please write their grade and school: _____, _____

Please indicate Sacraments received in the Catholic Church:

Baptism First Communion Confirmation Holy Matrimony

Languages spoken: _____ Personal email: _____

Personal phone: _____ Alternate Phone: _____

MEMBER

Relationship to the head of the household: Son Daughter Other _____

Last Name: _____ First Name: _____ Date of Birth: ____/____/____
month day year

Ethnicity: _____ Gender: _____ Disability: No Yes _____
M, F

Religion: _____ For a child, please write their grade and school: _____, _____

Please indicate Sacraments received in the Catholic Church:

Baptism First Communion Confirmation Holy Matrimony

Languages spoken: _____ Personal email: _____

Personal phone: _____ Alternate Phone: _____

MEMBER

Relationship to the head of the household: Son Daughter Other _____

Last Name: _____ First Name: _____ Date of Birth: ____/____/____
month day year

Ethnicity: _____ Gender: _____ Disability: No Yes _____
M, F

Religion: _____ For a child, please write their grade and school: _____, _____

Please indicate Sacraments received in the Catholic Church:

Baptism First Communion Confirmation Holy Matrimony

Languages spoken: _____ Personal email: _____

Personal phone: _____ Alternate Phone: _____

Please continue to Ministry page 

God has given each Christian two vitally important gifts. The first is the gift of faith in Jesus Christ, His work of redemption, and thus forgiveness of sin. The second is the gift of one or more special abilities, which are to be used for the purpose of unifying the Body of Christ and for the growth of God's Kingdom. These abilities are called Spiritual Gifts and they are received through Baptism. Like other presents, it is impossible to fully appreciate and make use of Spiritual Gifts until they have been opened.

Would you like to explore, discover and begin to open and employ your Spiritual Gifts by taking a self-assessment to help you determine how God is calling you? Yes No

Please write the Initials of each household member interested in a ministry

LITURGICAL MINISTRIES		SERVICE MINISTRIES	
Altar Server		Church Environment Committee	
Ministers of Holy Communion (EMHC)		Church Tidy-Up Committee	
Lector (Reader)		Catering (Martha Committee)	
Usher/Usherette		Helping Hands	
Choir/Music Ministry		Maintenance/Grounds Work Volunteer	
Sacristan		Parish Office Volunteer	
Linen Ladies		Saint Anne Gift Shop Volunteer	
MINISTRIES OF MERCY		Money Counter	
Ministry to the Sick		Chef/Cook for Clergy Events	
Saint Anne Food Pantry		TECHNOLOGY	
Giving Tree		Communications Committee	
Bereavement Committee		Audio/Visual Presenters (AVPs)	
St. Anne Rosary & Prayer Shawl Makers		Parish Photographers/Videographers	
Life Ministries		Parish Historians	
Faith Community Parish Nurses		SOCIAL MINISTRIES	
Respite Care		Bingo	
FAITH FORMATION		Sunday Morning Social (Coffee & Donuts)	
Catechist		Young Married Couples	
Catechist's Assistant		FESTIVALS & FUNDRAISERS	
Vacation Bible School		Children's Halloween Party	
Bible4Tots		Sunday of 1,000 Roses	
RCIA Catechist		Annual Tea	
RCIA Sponsor		Breakfast	
Youth Ministry Chaperone		Dinner Dance	
SPIRITUALITY & PRAYER		Vegas Night	
Guardians of the Eucharist (Adoration)		Golf Tournament	
Daily Rosary		Parish Picnic	
Divine Mercy		PARISH AFILIATED MINISTRIES	
Kateri Group (Spanish)		Knights of Columbus	
Vigil of the First Friday (Adoration) Spanish		Native American	
Jesus & Mary First Saturday (Adoration)		St. Vincent de Paul	