



**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: *Please circle* 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

| | 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 | | | | | | | |

the below listed members in parish publications and on the parish website.

| | | | | | | | |
|----------------|--|--|--|--|--|--|--|
| Baptism Church | | | | | | | |
| Baptism City | | | | | | | |
| Communion | | | | | | | |
| Penance | | | | | | | |
| Confirmation | | | | | | | |

SACRAMENTAL INFORMATION: Please fill in your CHURCH and CITY of BAPTISM. If you have a copy of the baptismal certificate, we'd love to have one! Please check all sacraments that have been received.

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