



New Parishioner Registration Form

Family Name: _____
 Primary Home Phone # _____ Marital Status (M,S,W,D): _____
First Name: _____ Cell: _____ DOB _____
 Your Occupation: _____
Spouse Name: _____
 Cell: _____ DOB _____ Spouse Occupation: _____
 Address: _____ Street City State Zip

Children: _____
 First – Middle – Last Date of Birth M or F
 Children: _____
 First – Middle – Last Date of Birth M or F
 Children: _____
 First – Middle – Last Date of Birth M or F
 Children: _____
 First – Middle – Last Date of Birth M or F

Do you wish to receive correspondence from St. Christopher's via email? Yes ___ No ___
 Email Address: _____ Name _____
 Email Address: _____ Name _____

We offer online giving at www.faithdirect.net (Parish Code MD758) it's convenient, saves time and saves the parish cost of envelopes and postage.
 Please select Envelopes ___ Online Giving _____

Please fill out other side of form

Household Member Info	Primary	Spouse	Child	Child	Child
First Name					
Last Name					
Religion					
Sacraments Received	(Check all that Apply)				
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date					
Church Name					
Church Address					
First Communion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date					
Church Name					
Church Address					
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date					
Church Name					
Church Address					
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A
Wife's Maiden Name					
Date					
Church Name					
Church City/State					
Catholic/ Non-Catholic/Civil					