



# ST. FAUSTINA CHURCH - PARISH REGISTRATION FORM

*La Iglesia de Santa Faustina - Registracion Parroquial*

Rev. David C. Gillis, Parochial Administrator

**For Pastoral use only** - this information will be held in the strictest confidence  
*(Para el uso pastoral - toda informacion sera confidencial)*

Each family or single adult (18+) in a home should register separately. Please register all members, even if not Catholic.  
*(Si hay en la familia adultos de 18 años en adelante deben de registrarse por separado.)*

PLEASE PRINT (*IMPRENTA*)

Date (*fecha*): \_\_\_\_\_

**FAMILY'S LAST NAME** (*último nombre*): \_\_\_\_\_

Marital Status: Married (*casado*)  Single (*soltero*)  Divorced (*divorciado*)  Widowed (*viudo*)

Mr. & Mrs.  Mr.  Mrs.  Ms.  ATTEND ENGLISH MASS  ATIENDE MISA ESPAÑOL

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Unlisted?  Yes

Residence Address (*dirección*): \_\_\_\_\_

City / State (*ciudad*): \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different / *si es diferente*): \_\_\_\_\_

Family Email Address: \_\_\_\_\_ Subdivision's Name \_\_\_\_\_

Full time resident?  Part Time resident?  If part time, months spent in Florida: \_\_\_\_\_ to \_\_\_\_\_  
*(Reside permanente aqui?) (parte del tiempo) (meses en Fl.)*

➤ **PLEASE BE SURE TO FILL OUT THE INDIVIDUAL INFORMATION ON THE NEXT PAGES**

All new parishioners will receive a "Welcome Letter" in the mail with your Parish ID# listed and further information.

Notes: \_\_\_\_\_

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**HEADS OF HOUSEHOLD: (Primer Nombre y esposa)**

**ADULT #1:** First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M:  F:   
(Adulto #1) (Primer nombre) (fecha de nacimiento)

Baptized Catholic (Bautizado?): Yes  No  Non-Catholic?  Religion? \_\_\_\_\_

Married in Catholic Church (Casado por la iglesia catolica): Yes  No  Confirmed: Yes  No

Language spoken (idioma) \_\_\_\_\_ Maiden name (nombre de soltera): \_\_\_\_\_

Occupation (ocupacion) \_\_\_\_\_ Work phone (tel. de trabajo): \_\_\_\_\_

**ADULT #2:** First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M:  F:   
(Adulto #2) (Primer nombre) (fecha de nacimiento)

Baptized Catholic (Bautizado?): Yes  No  Non-Catholic?  Religion? \_\_\_\_\_

Married in Catholic Church (Casado por la iglesia catolica): Yes  No  Confirmed: Yes  No

Language spoken (idioma) \_\_\_\_\_ Maiden name (nombre de soltera): \_\_\_\_\_

Occupation (ocupacion) \_\_\_\_\_ Work phone (tel. de trabajo): \_\_\_\_\_

**MINORS IN HOUSEHOLD: (menores de edad)**

**CHILD #1** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M:  F:   
(niño/a) (nombre) (fecha de nacimiento)

Has this child received the Sacraments of (Ha recibido los sacramentos):

Baptism (Bautizado): Yes  No  Reconciliation (reconciliacion): Yes  No

1<sup>st</sup> Communion (primera communion): Yes  No  Confirmation (confirmacion): Yes  No

**CHILD #2** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M:  F:   
(niño/a) (nombre) (fecha de nacimiento)

Has this child received the Sacraments of (Ha recibido los sacramentos):

Baptism (Bautizado): Yes  No  Reconciliation (reconciliacion): Yes  No

1<sup>st</sup> Communion (primera communion): Yes  No  Confirmation (confirmacion): Yes  No

**CHILD #3** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M:  F:   
(niño/a) (nombre) (fecha de nacimiento)

Has this child received the Sacraments of (*Ha recibido los sacramentos*):

Baptism (*Bautizado*): Yes  No  Reconciliation (*reconciliacion*): Yes  No

1<sup>st</sup> Communion (*primera communion*): Yes  No  Confirmation (*confirmacion*): Yes  No

**CHILD #4** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M:  F:   
(niño/a) (nombre) (fecha de nacimiento)

Has this child received the Sacraments of (*Ha recibido los sacramentos*):

Baptism (*Bautizado*): Yes  No  Reconciliation (*reconciliacion*): Yes  No

1<sup>st</sup> Communion (*primera communion*): Yes  No  Confirmation (*confirmacion*): Yes  No

**OTHER ADULTS IN HOUSEHOLD: (otro adulto)**

Name (*nombre*): \_\_\_\_\_ Date of Birth: (*fecha de nacimiento*): \_\_\_\_/\_\_\_\_/\_\_\_\_

M:  F:  Language (*idioma*): \_\_\_\_\_ Baptized Catholic (*Bautizado?*): Yes  No

Relationship: \_\_\_\_\_

**DISABLED OR SHUT-IN:** Is there anyone in the household who is confined to home, has special needs, and/or would like home visitation from a Minister of the Sick? (*Si hay alguien en la casa que esta cama por enfermedad o tiene necesidad especial de que un ministro de los enfermos lo visite.*):

Name: \_\_\_\_\_ Date of Birth (*fecha de nacimiento*): \_\_\_\_/\_\_\_\_/\_\_\_\_

M:  F:  Shut-in (*enfermedad?*) Yes  No  Disabled (*desabilitado?*) Yes  No

Relationship: \_\_\_\_\_ Request visitation (*quiere visitacion*) Yes  No

Office Use Only:

Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish ID #: \_\_\_\_\_ Entered into PDS  By: \_\_\_\_\_

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