

If you are registered at St. Faustina and this form is an update, please only include the updated information below and check here: Parishioner # _____

Male/Husband		Female/Wife	
Title (Mr. Mrs. Dr. etc)	Last Name	Title (Mr. Mrs. Dr. etc)	Last Name
First Name	Home Phone	First Name	Home Phone
Nickname	Cell Phone	Nickname	Cell Phone
Email Address		Email Address	
Occupation		Occupation	
Marital Status (check): <input type="checkbox"/> Married, Date of Marriage: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed		Marital Status (check): <input type="checkbox"/> Married, Date of Marriage: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed	

Family's Address
 Street _____ City _____ State _____ Zip _____

Please list all family members including yourself who are currently living at the street address above. We encourage parishioners age 18 and over to fill out their own personal parish registration form.

Family Member Names, First & Last	Gender (M/F)	Birth Date (mm/dd/yyyy)	Relationship (self, son, daughter, nephew, etc.)	Religion	Language Spoken	Check box if sacrament has been received:		
						Baptism	1 st Eucharist	Confirmation
1		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		/ /				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you willing to volunteer at St. Faustina? Yes No Maybe Liturgical involvement or interest: Lector Greeter Usher Sacristan

Which method do you prefer for weekly offertory? Receive Parish Envelopes (or) Electronic Giving

Mailing Address *if different from above:* _____

Summer Address *if different from above:* _____

If part-time resident, months spent in Florida: _____ to _____

Previous Parish Name: _____ City & State of Previous Parish: _____

In case of emergency, notify: _____ Telephone: _____

St. Faustina Catholic Church
 Parish Registration Form

1714 US Hwy 27, Ste 23
 Clermont, FL 34714
 (352) 515-9297
 Office@StFaustina.org