

# St. Faustina Catholic Church

## Parish Registration Form

1714 US Hwy 27, Ste 23  
Clemont, FL 34714  
(35) 515-9297  
Office@StFaustina.org

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

☐ Parishioner # \_\_\_\_\_

<b>Male/Husband</b>	Title (Mr. Mrs. Dr. etc)	Last Name	<b>Female/Wife</b>	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		

<b>Family's Address</b>			
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 <sup>st</sup> 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

☐ 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: