St. Margaret of Antioch
Parish Registration Form

Envelope #: _____

ADULT #1

NAME: _____ _____ _____ _____
(First) (Middle) (Last) (Maiden)

ADDRESS: _____ _____ _____
(Street) (City, State) (Zip Code)

CONTACT: _____ _____ _____
(Home Phone) (Cell Phone) (E-Mail)

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SACRAMENTS:	Parish (where received)	City & State	Date
Baptism			
First Communion			
Confirmation			
Marriage			

MARRIAGE BLESSED BY THE CATHOLIC CHURCH? Yes_____ No _____

SEPERATED Yes_____ No _____

DIVORCED Yes_____ No _____

ANNULED Yes_____ No _____

ADULT #2

NAME: _____ _____ _____ _____
(First) (Middle) (Last) (Maiden)

ADDRESS: _____ _____ _____
(Street) (City, State) (Zip Code)

CONTACT: _____ _____ _____
(Home Phone) (Cell Phone) (E-Mail)

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SACRAMENTS:	Parish (where received)	City & State	Date
Baptism			
First Communion			
Confirmation			
Marriage			

MARRIAGE BLESSED BY THE CATHOLIC CHURCH? Yes_____ No _____

SEPERATED Yes_____ No _____

DIVORCED Yes_____ No _____

ANNULED Yes_____ No _____

CHILD #1

NAME: _____ _____ _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SCHOOL: _____ **GRADE:** _____

SACRAMENTS:	Parish (where received)	City & State	Date
Baptism			
First Communion			
Confirmation			

CHILD #2

NAME: _____ _____ _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SCHOOL: _____ **GRADE:** _____

SACRAMENTS:	Parish (where received)	City & State	Date
Baptism			
First Communion			
Confirmation			

CHILD #3

NAME: _____ _____ _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SCHOOL: _____ **GRADE:** _____

SACRAMENTS:	Parish (where received)	City & State	Date
Baptism			
First Communion			
Confirmation			

CHILD #4

NAME: _____ _____ _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SCHOOL: _____ **GRADE:** _____

SACRAMENTS:	Parish (where received)	City & State	Date
Baptism			
First Communion			
Confirmation			