



Date completed: \_\_\_\_\_

## Parish Registration Form

**Instructions:** Please print clearly and complete all applicable fields. Mail, drop off or email completed form to [office@stgabrielnh.org](mailto:office@stgabrielnh.org).

Family Name: \_\_\_\_\_ (Please indicate different last names used)

Principal Phone Number: \_\_\_\_\_  Landline  Cell Phone

Physical Address: \_\_\_\_\_ Town: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*Please fill in a box below for each member of your household joining the church:*

|   |   |                       |
|---|---|-----------------------|
| Full Name: _____  | Cell: _____   |                       |
| Date of Birth: ____/____/____   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female   | Marital Status: _____ |
| Religion: _____   | Sacraments: <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation |                       |
| Church Attendance: <input type="checkbox"/> Always <input type="checkbox"/> Frequent <input type="checkbox"/> Seldom <input type="checkbox"/> Christmas/Easter <input type="checkbox"/> Never |   |                       |
| Occupation: _____   | Employer: _____   |                       |
| If a child, Name of School: _____   | Grade: _____  |                       |
| Ministry or Parish Groups: _____  |   |                       |

|   |   |                       |
|---|---|-----------------------|
| Full Name: _____  | Cell: _____   |                       |
| Date of Birth: ____/____/____   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female   | Marital Status: _____ |
| Religion: _____   | Sacraments: <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation |                       |
| Church Attendance: <input type="checkbox"/> Always <input type="checkbox"/> Frequent <input type="checkbox"/> Seldom <input type="checkbox"/> Christmas/Easter <input type="checkbox"/> Never |   |                       |
| Occupation: _____   | Employer: _____   |                       |
| If a child, Name of School: _____   | Grade: _____  |                       |
| Ministry or Parish Groups: _____  |   |                       |

Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments:  Baptism  First Communion  Confirmation

Church Attendance:  Always  Frequent  Seldom  Christmas/Easter  Never

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If a child, Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Ministry or Parish Groups: \_\_\_\_\_

Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments:  Baptism  First Communion  Confirmation

Church Attendance:  Always  Frequent  Seldom  Christmas/Easter  Never

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If a child, Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Ministry or Parish Groups: \_\_\_\_\_

Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_ Sacraments:  Baptism  First Communion  Confirmation

Church Attendance:  Always  Frequent  Seldom  Christmas/Easter  Never

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If a child, Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Ministry or Parish Groups: \_\_\_\_\_