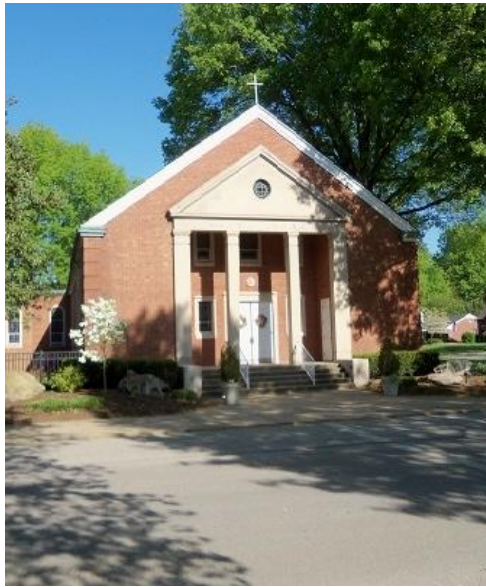


St. Agnes Catholic Church



PARISHIONER REGISTRATION FORM

St. Agnes Catholic Church

4807 Staunton Avenue SE
Charleston, WV 25304-1951

Office 304-925-2836 • Fax 304-205-7985 • stap1101char@dwc.org

FAMILY INFORMATION

Last Name:	Registration Date: / /
Family Email:	Envelope Number:
Home Phone: () -	Emergency Phone: () -

ADDRESS INFORMATION

Home Address:		
City:	State:	Zip:
<i>Mailing Address (if different from home address)</i>		
Mailing Address:		
City:	State:	Zip:

Please check all that apply

- OK to Publish Phone OK to Publish Address OK to Publish Email Wish to Receive Contributions Envelopes

(This information will be used only when we make a Parish Directory)

HEAD OF HOUSEHOLD INFORMATION	
Full Name:	Preferred/Nick Name:
Status at Parish: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: / /	Maiden Name:
Member Email:	Birth Place:
	Work Phone: () -
Religion: <input type="checkbox"/> Catholic	Cell Phone: () -
<input type="checkbox"/> Other: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Occupation:	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<i>Sacramental Information</i>	
<input type="checkbox"/> Baptism / /	Church Name/Location:
<input type="checkbox"/> First Reconciliation / /	Church Name/Location:
<input type="checkbox"/> First Eucharist / /	Church Name/Location:
<input type="checkbox"/> Confirmation / /	Church Name/Location:
<input type="checkbox"/> Catholic Marriage / /	Church Name/Location:

Please complete and return this form to the Parish Office.

MEMBER #2 LIVING AT SAME ADDRESS	
Full Name:	Preferred/Nick Name:
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other:	
Status at Parish: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: / /	Maiden Name:
Member Email:	Birth Place:
	Work Phone: () -
Religion: <input type="checkbox"/> Catholic	Cell Phone: () -
<input type="checkbox"/> Other: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Occupation:	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<i>Sacramental Information</i>	
<input type="checkbox"/> Baptism / /	Church Name/Location:
<input type="checkbox"/> First Reconciliation / /	Church Name/Location:
<input type="checkbox"/> First Eucharist / /	Church Name/Location:
<input type="checkbox"/> Confirmation / /	Church Name/Location:
<input type="checkbox"/> Catholic Marriage / /	Church Name/Location:

MEMBER #3 LIVING AT SAME ADDRESS	
Full Name:	Preferred/Nick Name:
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other:	
Status at Parish: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: / /	Maiden Name:
Member Email:	Birth Place:
	Work Phone: () -
Religion: <input type="checkbox"/> Catholic	Cell Phone: () -
<input type="checkbox"/> Other: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Occupation:	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Sacramental Information	
<input type="checkbox"/> Baptism / /	Church Name/Location:
<input type="checkbox"/> First Reconciliation / /	Church Name/Location:
<input type="checkbox"/> First Eucharist / /	Church Name/Location:
<input type="checkbox"/> Confirmation / /	Church Name/Location:
<input type="checkbox"/> Catholic Marriage / /	Church Name/Location:

MEMBER #4 LIVING AT SAME ADDRESS	
Full Name:	Preferred/Nick Name:
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____	
Status at Parish: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: / /	Maiden Name:
Member Email:	Birth Place:
	Work Phone: () -
Religion: <input type="checkbox"/> Catholic	Cell Phone: () -
<input type="checkbox"/> Other: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Occupation:	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Sacramental Information	
<input type="checkbox"/> Baptism / /	Church Name/Location:
<input type="checkbox"/> First Reconciliation / /	Church Name/Location:
<input type="checkbox"/> First Eucharist / /	Church Name/Location:
<input type="checkbox"/> Confirmation / /	Church Name/Location:
<input type="checkbox"/> Catholic Marriage / /	Church Name/Location:

MEMBER #5 LIVING AT SAME ADDRESS

Full Name:		Preferred/Nick Name:	
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____			
Status at Parish:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	/ /	Maiden Name:	
Member Email:		Birth Place:	
		Work Phone:	() -
Religion:	<input type="checkbox"/> Catholic	Cell Phone:	() -
	<input type="checkbox"/> Other: _____	Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single
Occupation:			<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Sacramental Information

<input type="checkbox"/> Baptism	/ /	Church Name/Location:
<input type="checkbox"/> First Reconciliation	/ /	Church Name/Location:
<input type="checkbox"/> First Eucharist	/ /	Church Name/Location:
<input type="checkbox"/> Confirmation	/ /	Church Name/Location:
<input type="checkbox"/> Catholic Marriage	/ /	Church Name/Location:

MEMBER #6 LIVING AT SAME ADDRESS

Full Name:		Preferred/Nick Name:	
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other: _____			
Status at Parish:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	/ /	Maiden Name:	
Member Email:		Birth Place:	
		Work Phone:	() -
Religion:	<input type="checkbox"/> Catholic	Cell Phone:	() -
	<input type="checkbox"/> Other: _____	Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single
Occupation:			<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Sacramental Information

<input type="checkbox"/> Baptism	/ /	Church Name/Location:
<input type="checkbox"/> First Reconciliation	/ /	Church Name/Location:
<input type="checkbox"/> First Eucharist	/ /	Church Name/Location:
<input type="checkbox"/> Confirmation	/ /	Church Name/Location:
<input type="checkbox"/> Catholic Marriage	/ /	Church Name/Location: