



St. Agnes Catholic Church

Parishioner Registration and Update Information Form

4807 Staunton Avenue SE
 Charleston, WV 25304-1951
 Office 304-925-2836
 Fax 304-205-7985
 email: stap1101char@dwc.org

FAMILY or HEAD of HOUSEHOLD INFORMATION

Last Name:		First Name:	
Family Email:			
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:

Do you wish to receive contributions envelopes? YES NO

Please check all that apply

OK to Publish Phone OK to Publish Address OK to Publish Email

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

Please complete and return this form to the Parish Office.

If additional Family Members are living at this address please make copies of the other side of this page and add their information to the form

Official Use ONLY:
 Registration Date _____ Envelope Number: _____

MEMBER #1 LIVING AT SAME ADDRESS

Full Name:		Preferred/Nick Name:			
Relationship to Head of Household:		Spouse	Son	Daughter	Other
Gender:		Male	Female		
Date of Birth:		Maiden Name:			
Birth Place:					
<i>If Different From Head of Household:</i>					
Member Email:					
Work Phone:		Cell Phone:			
Religion: Catholic Other:					
Marital Status: Married Single Divorced Widowed					
Occupation:					

Sacramental Record

Sacrament:	Date	Church Name and Location
Baptism		
First Communion		
Confirmation		
Holy Matrimony		

MEMBER #2 LIVING AT SAME ADDRESS

Full Name:		Preferred/Nick Name:			
Relationship to Head of Household:		Spouse	Son	Daughter	Other
Gender:		Male	Female		
Date of Birth:		Maiden Name:			
Birth Place:					
<i>If Different From Head of Household:</i>					
Member Email:					
Work Phone:		Cell Phone:			
Religion: Catholic Other:					
Marital Status: Married Single Divorced Widowed					
Occupation:					

Sacramental Record

Sacrament:	Date	Church Name and Location
Baptism		
First Communion		
Confirmation		
Holy Matrimony		

MEMBER #3 LIVING AT SAME ADDRESS

Full Name:		Preferred/Nick Name:			
Relationship to Head of Household:		Spouse	Son	Daughter	Other
Gender:		Male	Female		
Date of Birth:		Maiden Name:			
Birth Place:					
<i>If Different From Head of Household:</i>					
Member Email:					
Work Phone:		Cell Phone:			
Religion: Catholic Other:					
Marital Status: Married Single Divorced Widowed					
Occupation:					

Sacramental Record

Sacrament:	Date	Church Name and Location
Baptism		
First Communion		
Confirmation		
Holy Matrimony		

MEMBER #4 LIVING AT SAME ADDRESS

Full Name:		Preferred/Nick Name:			
Relationship to Head of Household:		Spouse	Son	Daughter	Other
Gender:		Male	Female		
Date of Birth:		Maiden Name:			
Birth Place:					
<i>If Different From Head of Household:</i>					
Member Email:					
Work Phone:		Cell Phone:			
Religion: Catholic Other:					
Marital Status: Married Single Divorced Widowed					
Occupation:					

Sacramental Record

Sacrament:	Date	Church Name and Location
Baptism		
First Communion		
Confirmation		
Holy Matrimony		