

Christ the King Catholic Church Membership Form

Today's date: _____



	Head of Household	Spouse
Title: (Circle one)	Mr. Mrs. Ms. Dr. Sr. Rev. Other ____	Mr. Mrs. Ms. Dr. Sr. Rev. Other ____
Name:	First: _____ Last: _____ Middle: _____ Maiden: _____	First: _____ Last: _____ Middle: _____ Maiden: _____
Sex: (Check one)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birthday:	Date: ____ / ____ / ____	Date: ____ / ____ / ____
Preferred or Nickname		
Address:		
City, State, Zip:		
Home Phone:	() - unlisted <input type="checkbox"/>	() - unlisted <input type="checkbox"/>
Work Phone:	() -	() -
Occupation:		
Employer:		
E-mail address:		
Marital Status:		
Church in which married: (Name of church, city)		
Anniversary date:	Date: ____ / ____ / ____	Date: ____ / ____ / ____
Sacraments:	Baptism 1 st Communion Confirmation yes <input type="checkbox"/> No <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/>	Baptism 1 st Communion Confirmation yes <input type="checkbox"/> No <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you been a member of this parish?		
Religion: (If other than Catholic)		
Profession of faith as Catholic	Date: ____ / ____ / ____	Date: ____ / ____ / ____
I currently practice my Catholic faith.	yes <input type="checkbox"/> No <input type="checkbox"/> Reason?	yes <input type="checkbox"/> No <input type="checkbox"/> Reason?
I am open to discussing my situation with a priest.	yes <input type="checkbox"/> No <input type="checkbox"/>	yes <input type="checkbox"/> No <input type="checkbox"/>

Children (Current dependents)

Name (first, middle, last)	Birthdate	Baptized	1 st Communion	Confirmed	Grade
	Date: ___/___/___	yes <input type="checkbox"/> Date: ___/___/___	yes <input type="checkbox"/> No <input type="checkbox"/>	yes <input type="checkbox"/> No <input type="checkbox"/>	
	Date: ___/___/___	yes <input type="checkbox"/> Date: ___/___/___	yes <input type="checkbox"/> No <input type="checkbox"/>	yes <input type="checkbox"/> No <input type="checkbox"/>	
	Date: ___/___/___	yes <input type="checkbox"/> Date: ___/___/___	yes <input type="checkbox"/> No <input type="checkbox"/>	yes <input type="checkbox"/> No <input type="checkbox"/>	
	Date: ___/___/___	yes <input type="checkbox"/> Date: ___/___/___	yes <input type="checkbox"/> No <input type="checkbox"/>	yes <input type="checkbox"/> No <input type="checkbox"/>	
	Date: ___/___/___	yes <input type="checkbox"/> Date: ___/___/___	yes <input type="checkbox"/> No <input type="checkbox"/>	yes <input type="checkbox"/> No <input type="checkbox"/>	
	Date: ___/___/___	yes <input type="checkbox"/> Date: ___/___/___	yes <input type="checkbox"/> No <input type="checkbox"/>	yes <input type="checkbox"/> No <input type="checkbox"/>	

Adult Children

Name	Married?	Spouse's Name.	Address (city, state)
	yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
	yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
	yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
	yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
	yes <input type="checkbox"/> No <input type="checkbox"/>	_____	
	yes <input type="checkbox"/> No <input type="checkbox"/>	_____	

Additional Information

	Head of Household	Spouse
Parents Name:		
High School attended?		
Education after high school? (degrees, schools attended)		

Other Pertinent Information: