

Parish ID# _____ Date: _____

Parish Registration Form

(please print)



Church of St. Raphael

7301 Bass Lake Road
Crystal, MN 55428
763-537-8401

Adult #1

Last Name _____ First _____ Middle _____ Maiden and /or Prior _____ Male or Female _____ Cell Phone (area code & number) _____
 Street Address _____ City, Zip _____ Home Phone (area code & number) _____
 E-mail Address _____ Can we use e-mail as a means to communicate with you? _____ Yes or No _____ Birth Date: _____ Mo / Day / Year _____ Place of Birth (City, State) _____

Highest Academic Level: _____ College Major / Vocational Trade: _____ Occupation: _____

Nation of Birth: _____ Languages Spoken: _____ Current Religion: _____

Baptized: _____ Yes / No _____ Date _____ Religion of Baptism _____ Church _____ City _____ State _____ Performed By _____ Godparent / Witness _____

First Communion: _____ Yes / No _____ Date _____ Church _____ City _____ State _____ Performed By _____ Godparent / Witness _____

Reconciliation: _____ Yes / No _____ Date _____ Church _____ City _____ State _____ Performed By _____ Profession of Faith: _____ Yes / No _____

Confirmation: _____ Yes / No _____ Date _____ Church _____ City _____ State _____ Performed By _____ Sponsor _____

Adult #2

Last Name _____ First _____ Middle _____ Maiden and /or Prior _____ Male or Female _____ Cell Phone (area code & number) _____
 E-mail Address _____ Can we use e-mail as a means to communicate with you? _____ Yes or No _____ Birth Date: _____ Mo / Day / Year _____ Place of Birth (City, State) _____

Highest Academic Level: _____ College Major / Vocational Trade: _____ Occupation: _____

Nation of Birth: _____ Languages Spoken: _____ Current Religion: _____

Baptized: _____ Yes / No _____ Date _____ Religion of Baptism _____ Church _____ City _____ State _____ Performed By _____ Godparent / Witness _____

First Communion: _____ Yes / No _____ Date _____ Church _____ City _____ State _____ Performed By _____ Godparent / Witness _____

Reconciliation: _____ Yes / No _____ Date _____ Church _____ City _____ State _____ Performed By _____ Profession of Faith: _____ Yes / No _____

Confirmation: _____ Yes / No _____ Date _____ Church _____ City _____ State _____ Performed By _____ Sponsor _____

.....

Marital Status: ___ Single ___ Married ___ Widowed ___ Separated ___ Divorced ___ Annulled Other (explain) _____

Marriage Date _____ Performed by _____ Place _____ City _____ State _____ Witness _____ Witness _____

If non-Catholic, was marriage blessed by Catholic Church? ___ Yes ___ No

See Reverse Side for Dependents

Child #1

Last Name First Middle Maiden and /or Prior Male or Female Birth Date: _____
Mo / Day / Year Place of Birth (City, State)

Nation of Birth: _____ Languages Spoken: _____ Current Religion: _____

Baptized: _____
Yes / No Date Religion of Baptism Church City State Performed By Godparent / Witness

First Communion: _____
Yes / No Date Church City State Performed By Godparent / Witness

Reconciliation: _____
Yes / No Date Church City State Performed By Profession of Faith: _____
Yes / No

Confirmation: _____
Yes / No Date Church City State Performed By Sponsor

Child #2

Last Name First Middle Maiden and /or Prior Male or Female Birth Date: _____
Mo / Day / Year Place of Birth (City, State)

Nation of Birth: _____ Languages Spoken: _____ Current Religion: _____

Baptized: _____
Yes / No Date Religion of Baptism Church City State Performed By Godparent / Witness

First Communion: _____
Yes / No Date Church City State Performed By Godparent / Witness

Reconciliation: _____
Yes / No Date Church City State Performed By Profession of Faith: _____
Yes / No

Confirmation: _____
Yes / No Date Church City State Performed By Sponsor

Child #3

Last Name First Middle Maiden and /or Prior Male or Female Birth Date: _____
Mo / Day / Year Place of Birth (City, State)

Nation of Birth: _____ Languages Spoken: _____ Current Religion: _____

Baptized: _____
Yes / No Date Religion of Baptism Church City State Performed By Godparent / Witness

First Communion: _____
Yes / No Date Church City State Performed By Godparent / Witness

Reconciliation: _____
Yes / No Date Church City State Performed By Profession of Faith: _____
Yes / No

Confirmation: _____
Yes / No Date Church City State Performed By Sponsor