

New Parishioner Registration Form

St. Peter Chanel Catholic Church
11330 Woodstock Road
Roswell, GA. 30075
Please **PRINT** all answers clearly.

Registration #: _____

Family (Last) Name: _____ Date: _____

Registrant Name: _____ (M/F) Preferred Name: _____
Formal First Name & MI

Spouse's Name: _____ (M/F) Preferred Name: _____
Formal First Name & MI (Maiden Name)

Marital Status: Single () Married () Divorced () Annulment () Widowed ()

Street Address: _____ City: _____ Zip Code: _____

Primary Phone #: _____ Primary Cell #: _____ Subdivision: _____

Primary E-mail Address: _____ Publish contact information? Yes No

Previous Parish of Registration: _____ City/St: _____

Personal Info.	Registrant: Mr. Mrs. Ms. Miss Dr.	Spouse: Mr. Mrs. Ms. Miss Dr.
Date of Birth	mm/dd/yyyy:	mm/dd/yyyy:
Religion	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", other denomination: _____	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", other denomination: _____
Sacraments Received (X)	Baptism___ Communion___ Confirmation___ Marriage___	Baptism___ Communion___ Confirmation___ Marriage___
Secondary Language		
Cell Phone #		
Occupation		
Employer Name		
Work Phone		

DEPENDENT INFORMATION (LIVING AT HOME)

***Please note: if registering after June 1st, please indicate grade level entering in the Fall.
Children over 18 are suggested to register separately.**

Name, MI (Last, if different)	Nickname	Birth Date	M/F	Grade*	Baptized (List Year)	Communion (List Year)	Confirmation (List Year)
					Y/N	Y/N	Y/N
					Y/N	Y/N	Y/N
					Y/N	Y/N	Y/N
					Y/N	Y/N	Y/N

Please note any special needs: (i.e. physically challenged, shut-ins, etc.): _____

Emergency Contact: Name _____ Relationship: _____ Telephone #: _____

Do you wish to receive the Archdiocesan newspaper (The Georgia Bulletin)? Yes No