



PARISH REGISTRATION FORM

Family Last Name: Address.....
 City: State: Zip: Phone: (.....).....
 Marital Status: *(please circle one)* single / married / divorced / widowed / (other

IF APPLICABLE:

Date of Marriage: Maiden Name:
 Church's name / City.....State.....
 If married- are you sacramentally married in the Catholic Church? *(by a Priest / Deacon)* Yes..... No.....
 Are you seasonal Resident: Yes.....No..... If yes, what months do you reside in Florida?.....-

To support the mission and operating expenses of SKD Parish Family, ALL registered parishioners will receive an envelope number. Envelope or on-line giving records will allow SKD Parish Office to issue a document required for your income-tax purposes as well as a proof of attendance, which is required to become a Godparent (sponsor) for baptisms/ confirmations.

Please select one:

Do you want to receive paper envelopes? Yes No
Do you want to be enrolled in on-line giving? Yes No

PLEASE COMPLETE BELOW FOR ALL FAMILY MEMBERS:

| Head of the Household: Mr. Mrs. Ms. Dr. | Spouse: Mr. Mrs. Ms. Dr. |
|---|---|
| Full Name: | Full Name: |
| Date of Birth:.....M F..... | Date of Birth: M..... F..... |
| Religion:..... | Religion: |
| Sacraments received: Baptism: Yes..... No..... First Communion: Yes..... No..... Confirmation: Yes..... No..... | Sacraments received: Baptism: Yes..... No..... First Communion: Yes..... No..... Confirmation: Yes..... No..... |
| Cell phone #: | Cell phone #:..... |
| Email:..... | Email:..... |

Please continue to page 2

DEPENDENTS (if applicable):

| | |
|---|---|
| Child's name:..... | Child's name:..... |
| Date of birth:M.....F..... | Date of birth:M.....F..... |
| Place of baptism: | Place of baptism: |
| First communion: Yes.....No..... | First communion: Yes.....No..... |
| Confirmation: Yes..... No..... | Confirmation: Yes..... No..... |
| Current grade: | Current grade: |
| School: | School: |
| Enrolled in Faith Formation: Yes..... No..... | Enrolled in Faith Formation: Yes..... No..... |

| | |
|---|---|
| Child's name:..... | Child's name:..... |
| Date of birth:M.....F..... | Date of birth:M.....F..... |
| Place of baptism: | Place of baptism: |
| First communion: Yes.....No..... | First communion: Yes.....No..... |
| Confirmation: Yes..... No..... | Confirmation: Yes..... No..... |
| Current grade: | Current grade: |
| School: | School: |
| Enrolled in Faith Formation: Yes..... No..... | Enrolled in Faith Formation: Yes..... No..... |

| |
|--------------------|
| Office Use Only: |
| Envelope # _____ |
| Date Entered _____ |