

If you are registered at St. Faustina and this form is an update, please only include the updated information below and check here:

Parishioner # _____

Male/Husband	Title (Mr. Mrs. Dr. etc)	Last Name	Female/Wife	Title (Mr. Mrs. Dr. etc)	Last Name
First Name		Home Phone	First Name		Home Phone
Nickname		Cell Phone	Nickname		Cell Phone
Email Address			Email Address		
Occupation			Occupation		
Marital Status (check): <input type="checkbox"/> Married, Date of Marriage: _____ <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed			Marital Status (check): <input type="checkbox"/> Married, Date of Marriage: _____ <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed		

Family's Address

Street _____ City _____ State _____ Zip _____

Please list all family members including yourself who are currently living at the street address above.

We encourage parishioners age 18 and over to fill out their own personal parish registration form.

Family Member Names, & Last	First	Gender (M/F)	Birth Date (mm/dd/yyyy)	Relationship (self, son, daughter, nephew, etc.)	Religion	Language Spoken	Check box if sacrament has been received:		
							Baptism	1 st Eucharist	Confirmation
1			/				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			/				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			/				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			/				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			/				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			/				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			/				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you willing to volunteer at St. Faustina? Yes No Maybe

Liturgical involvement or interest: Lector Greeter Usher Sacristan

Which method do you prefer for weekly offertory?

Receive Parish Envelopes

(or)

Electronic Giving

Mailing Address *if different from above:* _____

Summer Address *if different from above:* _____

If part-time resident, months spent in Florida: _____

to _____

Previous Parish Name: _____

City & State of Previous Parish: _____

In case of emergency, notify: _____

Telephone: _____

Parish Registration Form

St. Faustina Catholic Church

1714 US Hwy 27, Ste 23
 Clermont, FL 34714
 (352-515-9297)
 Office@StFaustina.org