

ID #

## Guardian Angels Church Registration

Date Registered:

Family Name		Address			City, State		Zip	Primary E-Mail:		
Phone: Unlisted Y / N		I prefer Parish Communications via: (select one) ___Email ___ Postal								
Name		Date of Birth	Gender	Religion	Baptism	Confirmation	Email			
Head of House:										
Spouse:										
Marital Status		Date Married	Maiden Name		Education		Cell Phone			
Head of House:										
Spouse:										
Occupation For:		Retired:		Employer For:			Work Phone For:			
Head of House:		Spouse:		Head of House:		Spouse:		Head of House:		Spouse:
Other Members living at home		Date of Birth	Gender	Religion	Baptism	Confirmation	Marital Status	Name of School / or Employer		Grade

Is there anyone in your family with a disability or special need that we need to be aware of? Y / N  
If yes, please describe:

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Comments: \_\_\_\_\_

Marital Status Codes: 1. Married by priest; 2. Married in another church with permission of the Catholic Church; 3. Married in another church without permission;  
4. Civil Ceremony; 5. Single; 6. Separated; 7. Divorced; 8. Widow or Widower

Please help us by providing the following information.

Names of new parishioners are published in the G.A. Press newspaper. Do you have any objections to having your name listed?  No  Yes

Our Collection Envelopes are mailed to your home after registration. Weekly envelopes are mailed every other month, monthly envelopes are mailed quarterly.

Do you prefer  Monthly (a single envelope for each month) OR  
 Weekly (envelopes for every Sunday) OR  
 Electronic Fund Transfer

Does any one in your family speak a language other than English? If so, which one?

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_