

Sacred Heart Church
722 North Springfield Street
Virden, Illinois 62690

FOR OFFICE USE ONLY

Envelope #: _____

Received: _____

PARISHIONER REGISTRATION FORM

PRIMARY MEMBER	SPOUSE
LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
Date of Birth (mm/dd/yy)	Date of Birth (mm/dd/yy)
Which Sacraments have you received? <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Holy Orders If received elsewhere, where were these sacraments received? _____	Which Sacraments have you received? <input type="checkbox"/> Baptism* <input type="checkbox"/> Holy Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Holy Orders If received elsewhere, where were these sacraments received? _____ <input type="checkbox"/> Not Applicable * If not Catholic, into what denomination was the baptism? _____
Occupation Employer:	Occupation/Employer:

CONTACT INFORMATION		
Address:		
Street	City	Postal Code
Telephone: Home:	Work:	Cell:
Email Address(es):		

MARITAL STATUS	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Date of wedding:	Place of Wedding:

PLEASE FILL IN FOR YOUR CHILDREN						
Child's Full Name (with last name, if different)	Does this child live with you?	Date of Birth (mm/dd/yy)	M/F	Please note the date of the sacraments received (if known) and indicate the parish where the sacraments were received.		
				Baptism	First Communion	Confirmation
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						