



Registration Date: _____

Check here if you do not wish to receive Mail Email GA Bulletin

Mailing Name: _____

Please mark each box if you would like us to
Publish your phone, address and/or email
In Parish Directory

Last Name: _____

(This will not be shared outside the Parish)

First Name(s): _____

Publish Publish Publish
Phone ? Address? E-mail?

Family E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Language: _____

Home Phone: _____ Emg Phone: _____

Are you currently registered at another Parish _____ Name of Parish _____

(In the Archdiocese of Denver)

FAMILY INFORMATION

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Widowed ___

Married by Priest or Deacon? Yes ___ No ___ Date of Marriage: _____

	ADULT	ADULT
Name		
Sex	Male ___ Female ___	Male ___ Female ___
Birth Date	Month ___ Day ___ Year _____	Month ___ Day ___ Year _____
Religion		
Sacramental Information	Baptized ___ Catholic ___ RCIA ___ Reconciliation ___ First Eucharist ___ Confirmation ___	Baptized ___ Catholic ___ RCIA ___ Reconciliation ___ First Eucharist ___ Confirmation ___
Cell Phone		
E-mail		
Occupation		
Employer		
Work Phone		

CHILDREN INFORMATION

CHILD'S NAME	BIRTH DATE	SEX	SCHOOL ATTENDING	SPECIAL NEEDS
Check if Sacrament received. Add date if known	Baptism __ First Eucharist __		Catholic __ Confirmation __	Reconciliation __
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