



# St. Ignatius Loyola

## Roman Catholic Church

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### PARISH FAMILY REGISTRATION

Name: _____		
First Name	Last Name	
Spouse: _____		
First Name	Last Name, if different	
Address: _____		
Street, including Suite/Apt #	City	Postal Code
Telephone: Home: _____		Business or Cell Phone: _____
Email Address: _____		

### Children(s) Information

Name	Gender	Date of Birth (DD/MM/YY)	Baptized	
_____	M    F	_____	Yes	No
_____	M    F	_____	Yes	No
_____	M    F	_____	Yes	No
_____	M    F	_____	Yes	No

*\*\*Please exclude married children or children not residing at your home.*

### Marital Status

Married      Single      Widowed      Divorced      Separated

Former Parish: \_\_\_\_\_

Were you involved in any Ministries? \_\_\_\_\_

Please register me for Monthly Pre-Authorized Giving Plan:    **Yes**    **No**    PAG Pkg Given: \_\_\_\_\_

Date of Registration: \_\_\_\_\_ Envelope Number: \_\_\_\_\_ Tax Receipt in both names:    **Yes**    **No**

Office Use Only: \_\_\_\_\_