

CHURCH OF CORPUS CHRISTI PARISH REGISTRATION FORM

DATE: _____ ENVELOPE NO.: _____ ARCHDIOCESAN NO.: _____

Would you like to receive a free subscription to the Catholic Spirit newspaper? YES _____ NO _____

LAST NAME: _____ HOME PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SINGLE: _____ MARRIED: _____ WIDOWED: _____ DIVORCED: _____

MALE

NAME: _____
 RELIGION: _____
 BIRTHDATE: _____
 EMPLOYER: _____
 POSITION: _____
 WORK PHONE NO.: _____

FEMALE

NAME: _____
 RELIGION: _____
 BIRTHDATE: _____
 EMPLOYER: _____
 POSITION: _____
 WORK PHONE NO.: _____

PLEASE LIST NAME, DATE & PLACE OF SACRAMENTS
 FOR ABOVE NAMED ADULTS

NAME	BAPTISM	PENANCE	COMMUNION	CONFIRMATION	MARRIAGE

What do you feel your greatest needs from this parish are?

Please list the gifts you can bring to this parish:

In order to prevent “burn-out”, please state the number of hours you are willing to volunteer during the course of the year:

Please indicate your phone number and the best time of day you can be contacted:

You may place this completed form in the collection basket, bring to the Parish Office or mail:

**Church of Corpus Christi
2131 Fairview Ave. N.
Roseville, MN 55113
(651)639-8888**