

CHURCH OF CORPUS CHRISTI PARISH REGISTRATION FORM

DATE: _____ ENVELOPE #: _____ ARCHDIOCESAN #: _____

LAST NAME: _____ HOME PHONE: () _____

ADDRESS: _____ CITY: _____ ZIP: _____

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

MALE
 NAME: _____
 RELIGION: _____
 BIRTHDATE: _____
 EMPLOYER: _____
 POSITION: _____
 WORK PHONE: () _____

FEMALE
 NAME: _____
 RELIGION: _____
 BIRTHDATE: _____
 EMPLOYER: _____
 POSITION: _____
 WORK PHONE: () _____

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

NAME	BAPTISM	COMMUNION	CONFIRMATION	MARRIAGE

PLEASE LIST NAME, DATE & PLACE OF SACRAMENTS
FOR CHILDREN

NAME	BIRTHDATE	BAPTISM	PENANCE	COMMUNION	CONFIRMATION	GRADE

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

Please list the gifts you can bring to this parish:

Please state the number of hours you are willing to volunteer during the course of a year:

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

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

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

Church of Corpus Christi

2131 Fairview Ave. N.

Roseville, MN 55113

(651)639-8888