

CATHOLIC CHURCH OF THE INCARNATION

360 Bray Station Road, Collierville, TN 38017

OFFICE USE
Env. # _____
Date: _____

PARISHIONER REGISTRATION FORM

(Confidential Information)

Family (Last) Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Primary E-mail Address: _____

HEAD OF HOUSEHOLD:

First Name & Initial: _____ Suffix: _____ Nick Name: _____

Title (circle one): Mr./Mrs. Mr. Mrs. Ms. Dr. Dr./Dr. Dr./Mrs. Mrs./Dr.

Date of Birth: _____ Religion: _____

Sacraments you have received (Circle):

Baptism Reconciliation Communion Confirmation Marriage

Status (Circle one): Single Married Separated Divorced Widowed

Personal Cell Phone: _____ Personal E-mail: _____

Occupation: _____ Employer: _____ Work Phone: _____

SPOUSE:

First Name & Initial: _____ Wife's Maiden Name: _____

Nick Name: _____

Date of Birth: _____ Date of Marriage: _____ Religion: _____

Sacraments you have received (Circle):

Baptism Reconciliation Communion Confirmation Marriage

Personal Cell Phone: _____ Personal E-mail: _____

Occupation: _____ Employer: _____ Work Phone: _____

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If married, were you married in the Catholic Church? **YES** **NO**

If needed, has your marriage been validated in the Catholic Church? **YES** **NO**

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Former Parish: Name: _____

Address: _____

CHILDREN LIVING IN THE HOME:

First & Last Name	Date of Birth	Gender	Grade / School	Sacraments Received:	Date of Baptism
		__ M		___ Baptism ___ Communion ___ Confirmation ___ Reconciliation	
Nick Name:		__ F			
		__ M		___ Baptism ___ Communion ___ Confirmation ___ Reconciliation	
Nick Name:		__ F			
		__ M		___ Baptism ___ Communion ___ Confirmation ___ Reconciliation	
Nick Name:		__ F			
		__ M		___ Baptism ___ Communion ___ Confirmation ___ Reconciliation	
Nick Name:		__ F			

➤ Is there a person in your household with special needs (confined to home, handicapped, etc.)? If so, please list their name(s) and needs _____

➤ Are there other adults living in your household? YES NO
If "YES", please submit a separate registration form for each person.

➤ Is there a situation in your household which needs the attention of a priest? YES NO
Briefly explain: _____

➤ In what church ministries are you interested in participating? Include family member's name and area of interest: Your name, phone number and email will be given to the leader to contact you.

➤ What is your preferred language? English Spanish Other _____

➤ If you would like to subscribe to *Faith West Tennessee*, our monthly diocesan magazine, please include a \$18 check payable to: **Catholic Church of the Incarnation**.

We offer a **Host Program** to help you to quickly integrate into your new parish and community. If interested, you will be contacted by the program coordinator to learn more about you before matching you with a host.
 _____ YES, I am interested in the Host Program, please contact me.
 _____ NO, I am not interested.

Welcome to the parish! Thank you for registering. You will receive additional information about the parish, including our Parish Directory listing all our ministries & activities with the contact person.