

Date _____

REGISTRATION FORM FOR ST. GIANNA PARISH

Last Name: _____ Phone Number _____

Address: _____

City _____

Zip Code _____

E-Mail _____

HUSBAND (Male head of household)		Birth day mm/dd/yy	Religion	Baptized x for Yes	Convert x for Yes	Confirmed x for Yes	Occupation
First	Middle						

Cell Phone # _____

WIFE (Female head of household)			Birth day mm/dd/yy	Religion	Baptized	Convert X for yes	Confirmed	Occupation
First	Middle	Maiden						

Cell Phone # _____

Email Address _____

Wedding Date: Married _____ by _____ Catholic Priestat _____
(X for Yes) (Name of Church)

Children: First (Living at Home)		Middle	Birth Date mm/dd/yy	Religion	Baptism	Convert X for Yes	Confirmed

If you choose to volunteer for a ministry check Mass time preference.

Sat. 5:00 pm

Sun. 8:00 am

Sun. 11:00 am

Extraordinary Minister of Holy Communion _____

Lector: _____

G reeter: _____

Offertory: _____

Choir: _____

Church Cleaning: _____

Money Counter: _____

PSR Teacher: _____

Name of Subdivision _____