

Catholic Church of St. Ann—Registration Card—Side 1

Please complete all information ON BOTH SIDES OF THIS CARD. You may drop this at the Welcome Desk in the Narthex, drop it in the collection basket or take it to the Front Desk at the Parish Office. Thank you for registering! PLEASE PRINT CLEARLY.

Family Last Name: _____ Home Phone: () _____ Unlisted? Y ___ N ___

Street Address: _____

City _____ State _____ Zip _____ - _____

Name of Subdivision or Apt _____ E-mail _____

2nd E-mail _____

Check Marital Status: Single ___ Married ___ Widowed ___ Separated ___ Divorced ___

Adult Male: () Mr () Dr First Name: _____ Middle Name: _____

Nickname: _____

Religion: _____ Birth Date (MM/DD/YY): ___/___/___ Job Title or Occupation; _____

Employed By: _____ Work Phone: () _____ Cell Phone: () _____

Adult Female: () Mrs () Dr. () Miss () Ms First Name: _____ Middle Name: _____

Maiden Name: _____ Nickname: _____

Religion: _____ Birth Date (MM/DD/YY): ___/___/___ Job Title or Occupation: _____

Employed By: _____ Work Phone: () _____ Cell Phone: () _____

PLEASE COMPLETE REVERSE SIDE OF CARD (Revised 03/2011)

Catholic Church of St. Ann—Registration Card—Side 2

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CHILD/CHILDREN LIVING AT HOME, Including College students:

First/Last Name (Nickname)	M/F	Date of Birth	Check Sacraments Received
1. _____	___	___/___/___	Baptism ___ 1st Communion ___ Confirmation ___
2. _____	___	___/___/___	Baptism ___ 1st Communion ___ Confirmation ___
3. _____	___	___/___/___	Baptism ___ 1st Communion ___ Confirmation ___
4. _____	___	___/___/___	Baptism ___ 1st Communion ___ Confirmation ___

LIST ANY OTHER NON-REGISTERED CATHOLICS LIVING AT THIS ADDRESS (Explain, e.g. Elderly Parent, etc.)

***DO YOU WISH TO RECEIVE THE ARCHDIOCESAN NEWSPAPER ("THE GEORGIA BULLETIN")? YES ___ NO ___

FOR OFFICE USE:

NOTATIONS: _____

ENVELOPE NUMBER _____

DATE OF REGISTRATION: _____