



**St. Veronica Congregation**  
Imaging Christ to the World

Envelope Number \_\_\_\_\_

Date Registered \_\_\_\_\_

Welcome to St. Veronica's Parish! In an effort to better serve your spiritual needs, please tell us about you and your family. Please note there are two sides to this form. *Please print clearly using dark ink. Thank you!*

**HEAD OF HOUSEHOLD INFORMATION**

**SALUTATION:**

Miss Mr. Mrs. Ms M/M Other  
(Circle One)

\_\_\_\_\_ (First, Middle, Last)

**GOES BY:** \_\_\_\_\_ (If Different)

**MAIDEN NAME:** \_\_\_\_\_ (If Applicable)

**HOW DO YOU LIKE YOUR MAIL ADDRESSED?:** Miss Mr. Mrs. Ms M/M  
(Circle One)

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ST ATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_  Listed  Unlisted

\_\_\_\_ Yes! You may list my/our name(s) in the parish bulletin as new parishioners.  
\_\_\_\_ No, I/we do not wish to have our name(s) listed in the parish bulletin.

**DATE OF BIRTH:** (MM/DD/YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_ **FORMER PARISH:** \_\_\_\_\_

**MARITAL STATUS:**

Church Marriage  Married  Single  Separated  Divorced  Widowed

**RELIGION:** \_\_\_\_\_ **GENDER:**  Male  Female

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ (optional) **BUS PHONE:** \_\_\_\_\_ (optional)

**CELL PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Sacrament	Date (mm/dd/year)	Parish	City & State
Baptism	/ /		
Communion	/ /		
Confession	/ /		
Confirmation	/ /		
Marriage	/ /		



## SPOUSE INFORMATION

**SALUTATION:**

Miss Mr Mrs Ms M/M  
(Circle One)

\_\_\_\_\_ (First, Middle, Last)

**GOES BY:** \_\_\_\_\_  
(If Different)

**MAIDEN NAME:** \_\_\_\_\_  
(If Applicable)

**HOW DO YOU LIKE YOUR MAIL ADDRESSED?:** Miss Mr Mrs Ms M/M  
(Circle One)

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ST ATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_  Listed  Unlisted

**DATE OF BIRTH:** (MM/DD/YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_

**MARITAL STATUS:**

Church Marriage  Married  Single  Separated  Divorced  Widowed

**GENDER:**  Male  Female **RELIGION:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **BUS PHONE:** \_\_\_\_\_  
(optional) (optional)

**CELL PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Sacrament	Date (mm/dd/year)	Parish	City & State
Baptism	/ /		
Communion	/ /		
Confession	/ /		
Confirmation	/ /		
Marriage	/ /		

**Please complete this form for adult children 18-22 living at home or away College/University. Children living at home over the age of 22 should register separately as an adult.**

**ADULT CHILD**

**SALUTATION:**

Miss Mr. Mrs. Ms M/M \_\_\_\_\_  
 (Circle One) (First, Middle, Last)

**GOES BY:** \_\_\_\_\_ **MAIDEN NAME:** \_\_\_\_\_  
 (If Different) (If Applicable)

**ADDRESS:**

\_\_\_\_\_  
 \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_  Listed  Unlisted

**DATE OF BIRTH:** (MM/DD/YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_

**MARITAL STATUS:**

Church Marriage  Married  Single  Separated  Divorced

**GENDER:**  Male  Female

**RELIGION:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_ **BUS PHONE:** \_\_\_\_\_  
 (optional) (optional)

**CELL PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Sacrament	Date (mm/dd/year)	Parish	City & State
Baptism	/ /		
Communion	/ /		
Confession	/ /		
Confirmation	/ /		
Marriage	/ /		

**Please take a moment and also fill out information on your minor children; you need more forms, please let us know or feel free to make photocopies information.**

**CHILD**

**NAME:** \_\_\_\_\_ **GOES BY:** \_\_\_\_\_  
 (First, Middle, Last) (If Different)

**DATE OF BIRTH:**(MM/DD/YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_ **RELIGION:** \_\_\_\_\_

**GENDER:**  Male  Female **ETHNICITY:** \_\_\_\_\_  
 (Optional)

**SCHOOL ATTENDING:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**ATTENDING CHRISTIAN FORMATION:**  Yes  No

Sacrament	Date (mm/dd/yyyy)	Parish	City & State
Baptism	/ /		
Communion	/ /		
Confession	/ /		
Confirmation	/ /		

**CHILD**

**NAME:** \_\_\_\_\_ **GOES BY:** \_\_\_\_\_  
 (First, Middle, Last) (If Different)

**DATE OF BIRTH:**(MM/DD/YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_ **RELIGION:** \_\_\_\_\_

**GENDER:**  Male  Female **ETHNICITY:** \_\_\_\_\_  
 (Optional)

**SCHOOL ATTENDING:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**ATTENDING CHRISTIAN FORMATION:**  Yes  No

Sacrament	Date (mm/dd/yyyy)	Parish	City & State
Baptism	/ /		
Communion	/ /		
Confession	/ /		
Confirmation	/ /		