



St. Basil the Great Catholic Parish

P.O. Box 637 Kimberton, PA 19442

Ph: 610-933-2110

FAX: 610-933-0627

Email: Church@StBasils.org

Website: www.StBasils.org

CONFIDENTIAL REGISTRATION FORM

<i>For Office Use Only</i>	
Env. #:	_____
Date:	_____
Permit:	_____
Parish Zone:	_____

Please complete this registration form as completely as possible. Although language and ethnicity may seem irrelevant, they are required for the pastor's general reporting purposes and used for this purpose only. If you wish to be included in our parish directory, please indicate the information which you would like to see published.

Your dependent children are considered part of your household. Grown children should register on their own with the parish in which they reside. Other dependents may be listed here.

Thank you for registering and welcome to St. Basil's parish!

FAMILY INFORMATION

Last Name: _____ First Name(s) _____

Mailing Name: (ie Mr. & Mrs. John Doe) _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Area Code: _____ Home Phone _____ Emerg. Phone _____

Family Email: _____

Last Parish where you were registered: _____

Permission to Publish: Phone _____ Email _____ Address _____
(check all that apply)

INDIVIDUAL MEMBER INFORMATION

Parish Status: *(Active, Inactive)*

Role: *(Head of House, Husband, Wife etc.)*

First Name / Nickname:

Gender: Male / Female (Maiden) _____

DOB (mm/dd/yyyy): _____

Email: _____

Work Phone/Cell Phone: _____

First Language: _____

Occupation/Employer: _____

Sacramental Info:

Dates (mm/dd/yyyy): _____

(Single, Married, Separated, Divorced, Annulled)

Marital Status: _____ Valid Catholic Marriage?

Name of Church: _____ Location: _____

Wife's Maiden Name: _____

Over to list dependents...

Last Name: _____

DEPENDENT INFORMATION

Please list you dependent children who reside within your household. If you have other dependent individuals, please list them as well.

Relationship to Head of Household <small>(Son, Daughter, Mother, Father etc.)</small>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.		M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism <input checked="" type="checkbox"/>	Catholic? <input checked="" type="checkbox"/>	Eucharist <input checked="" type="checkbox"/>	Reconciliation <input checked="" type="checkbox"/>	Confirmation <input checked="" type="checkbox"/>
	/ /	/ /	/ /	/ /	/ /
2.		M / F	/ /		
Check if Sacrament Received. Add Date if known.	Baptism <input checked="" type="checkbox"/>	Catholic? <input checked="" type="checkbox"/>	Eucharist <input checked="" type="checkbox"/>	Reconciliation <input checked="" type="checkbox"/>	Confirmation <input checked="" type="checkbox"/>
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