

CHRIST THE KING PARISH REGISTRATION

FAMILY LAST NAME _____ ADDRESS _____ ZIP _____ Registration date: _____
 (PLEASE PRINT)

MR. AND MRS. MR. MS. MISS

PRIMARY FAMILY Phone: _____ Belongs to: _____

PRIMARY FAMILY Email: _____ Belongs to: _____

MARITAL STATUS: MARRIED BY A PRIEST WIDOWED SINGLE
 MARRIED CIVILLY DIVORCED

FORMER PARISH _____ CITY _____

How I/We will contribute to the Parish

Please check one:

I/We will contribute through Online Giving.
 (Sign up at www.ctkpuablo.org)

I/We will contribute using Bill Pay through my/our Bank.

I/We will contribute with Contribution Envelopes:

Check one: Monthly Weekly

<u>MEMBER INFORMATION</u>	ADULT	ADULT	CHILD AT HOME	CHILD AT HOME	CHILD AT HOME
FIRST NAME					
LAST NAME					
GENDER	M / F	M / F	M / F	M / F	M / F
ROLE: Husband, Wife, Son, Daughter, Single, etc.					
CELL #					
WORK #					
E-MAIL					
DATE OF BIRTH					
BAPTIZED - Y/N					
1ST COMMUNION - Y/N					
1ST PENANCE - Y/N					
CONFIRMED - Y/N					
SCHOOL (if applicable)					
GRADE (if applicable)					

OVER