

Registration

St. Ann's Parish _____ St. Joseph's Parish _____ St. Mary's Parish _____

(Please check the parish above that you want to be registered in)

Name _____	Title (circle one)	Mr. and Mrs.	Mr.	Ms.	Miss
Address _____		City _____	State _____	Zip Code _____	
Home phone () _____		Cell Phone () _____			
E-mail address _____		Do you want the criterion mailed to you (circle one)		Yes	No

	Head of Household	Spouse	Child	Child	Child	Child
Last Name						
First Name						
Middle Name						
Birth date (m/d/y)						
Sex (male/female)						
Religion						
Occupation						
Work Place						
Work Phone						
Current school grade						
School attending						
Sacrament Information						
Date of Baptism						
Date of First Communion						
Date of Confirmation						
Date of Marriage						

Previous parish name, city and state where you were registered _____

Call (812) 346-3604 if you have any questions in completing this form

Please return completed form to St. Ann, St. Joseph St. Mary's Parish Office, 629 Clay Street, North Vernon, IN 47265

FOR OFFICE USE: Date registered _____ Member Number _____

