

St Maximilian Kolbe Catholic Church
 "Together We Make The Kingdom A Reality"
Registration Form

FAMILY NAME (LAST) _____ Envelope No. _____

STREET ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ E-MAIL ADDRESS: _____

FIRST NAMES ONLY	D.O.B.	RELIGION	BAPTISM?	FIRST HOLY COMMUNION?	CONFIRMED?	ATTEND MASS?	ATTENDS CATHOLIC RELIGIOUS EDUCATION?	SPECIAL NEEDS/ HOMEBOUND?	OCCUPATION
<i>Head of Household</i>									
<i>Spouse</i>									
OTHERS IN THE HOUSEHOLD									

Residence: Permanent Seasonal Own Rent **Language Spoken:** _____

Marital Status: Catholic Marriage Civil Marriage Divorced Widowed Single

Summer/Seasonal Address: _____ APT. _____

City: _____ State: _____ Zip: _____ Phone # _____

Registration Indicates a Desire to become an active Steward of St. Maximilian Kolbe Parish by Contributing of Your Time, Talent & Treasure.