

# ST. MARY ALEPPO PARISH REGISTRATION FORM

**OFFICE USE ONLY:**

Envelope # : \_\_\_\_\_

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

**PLEASE PRINT**

Family Name (Last): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Unlisted? Y N Cell Phone: \_\_\_\_\_ Unlisted? Y N

Would you like correspondence sent to you via e-mail? Y N E-Mail Address: \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **EMERGENCY CONTACT PHONE:** \_\_\_\_\_

PREVIOUS PARISH, CITY \_\_\_\_\_

**Male/Husband**  
(First name) \_\_\_\_\_

Date of Birth-Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

Religion: \_\_\_\_\_

Baptized: Yes \_\_\_ No \_\_\_ Confirmed: Yes \_\_\_ No \_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Education- H.S. \_\_\_\_\_ College \_\_\_\_\_ Grad. \_\_\_\_\_

VIRTUS Trained: No \_\_\_ Yes \_\_\_ Where? \_\_\_\_\_

**Female/Wife**  
(First name) \_\_\_\_\_ Maiden : \_\_\_\_\_

Date of Birth-Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

Religion: \_\_\_\_\_

Baptized: Yes \_\_\_ No \_\_\_ Confirmed: Yes \_\_\_ No \_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Education- H.S. \_\_\_\_\_ College \_\_\_\_\_ Grad. \_\_\_\_\_

VIRTUS Trained: No \_\_\_ Yes \_\_\_ Where? \_\_\_\_\_

**CURRENT MARITAL STATUS**

Currently Married? Yes \_\_\_ No \_\_\_ Date? \_\_\_\_\_ Married/Blessed by Catholic Priest? Yes \_\_\_ No \_\_\_

Church: \_\_\_\_\_

Single? Yes \_\_\_ No \_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**PREVIOUS MARITAL STATUS**

Previously married? Yes \_\_\_ No \_\_\_ If yes, number of times previously married? \_\_\_\_\_

Divorced? Yes \_\_\_ No \_\_\_ If yes, was the marriage(s) annulled by the Church? Yes \_\_\_ No \_\_\_

Widowed? Yes \_\_\_ No \_\_\_

**Children Living at Home**

	Child 1	Child 2	Child 3	Child 4
First Name	_____	_____	_____	_____
Middle Name	_____	_____	_____	_____
Last Name	_____	_____	_____	_____
Male/Female	M ___ F ___	M ___ F ___	M ___ F ___	M ___ F ___
Birth Date	_____	_____	_____	_____
Baptized?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
1st Communion?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Confirmation?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

Please include additional children and their information on the reverse side of this document.