Parish Registration Form - Good Shepherd Roman Catholic Church

FAMILY INFORMATION Date _____

Last Name _____ Street Address _____

City _____ State _____ Zip code _____

Home Phone _____ Unlisted? Yes _____ No _____ Cell Phone _____
(We will not divulge an unlisted number)

E-mail _____

FOR OFFICE USE Envelope Number _____

HEAD OF HOUSEHOLD OR HUSBAND

Title _____ First Name _____ Middle Initial _____ Suffix _____

Date of Birth _____ Occupation _____

Were you baptized? Yes _____ No _____ Religion _____

MARRIAGE INFORMATION (IF MARRIED)

Wedding Date _____ Church Name and City _____

WIFE (if married)

Title _____ First Name _____ Middle Initial _____ Maiden Name _____

Date of Birth _____ Occupation _____

Were you baptized? Yes _____ No _____ Religion _____

CHILDREN AT HOME

FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	DATE OF BAPTISM	DATE OF CONFIRMATION	PRESENT GRADE

Child 1_____ _____ _____ _____ _____ _____

Child 2_____ _____ _____ _____ _____ _____

Child 3_____ _____ _____ _____ _____ _____

Child 4_____ _____ _____ _____ _____ _____

Child 5_____ _____ _____ _____ _____ _____

ARE YOU CURRENTLY REGISTERED IN A CATHOLIC PARISH?

No _____ Yes _____ Parish Name and Location _____

Please notify your former parish that you are no longer a member so they can remove you from their file

COMMENTS _____

_____

_____

Thank you and welcome to Good Shepherd Roman Catholic Parish and St. Augustine Campus

Please complete and mail or drop off at:
Good Shepherd Parish
5442 Tonawanda Creek Road
North Tonawanda, New York 14120