



# PARISHIONER/FAMILY REGISTRATION - DATA ENTRY FORM

## DATA ENTRY FORM

*\*Required Fields*

### PARISH DETAILS

PARISH

DEANERY

CITY / DISTRICT

ZONE / COMMUNITY\*

SECTOR / SUB-COMMUNITY\*

### PERSONAL DETAILS

TITLE\*

Name\*

SURNAME\*

GENDER\*

BLOOD GROUP\*

DATE OF BIRTH\*

*DD-MM-YYYY*

MOTHER TONGUE\*

LANGUAGES KNOWN\*

MARITAL STATUS\*

MARRIED TO

### ADDRESS & CONTACT DETAILS

ADDRESS\*

House / Flat No. + House / Building Name + Road / Street Name

CITY / DISTRICT\*

PINCODE\*

STATE\*

WARD\*

HOUSE TYPE\*

RESIDENCE TYPE\*

MOBILE NO\*

EMAIL ADDRESS\*

Please enter Mobile Number without code (+91)

ACADEMIC DETAILS (HIGHEST QUALIFICATION)

PRESENTLY STUDYING IN AN ABE SCHOOL?\*

☐

 Yes 

☐

 No

NAME OF ABE SCHOOL\*

INSTITUTION\*

INSTITUTION TYPE\*

COURSE NAME\*

SPECIALIZATION\*

PROFESSIONAL DETAILS

OCCUPATION

CURRENT PLACE OF WORK

PROFESSION

SUB PROFESSION

BAPTISMAL DETAILS

DATE OF BAPTISM

REGISTER NO.

COUNTRY\*

CHURCH\*

PLACE\*

SACRAMENTS RECEIVED

SACRAMENT	DATE ( DD-MM-YYYY )	CHURCH NAME & PLACE	NOT RECEIVED
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PARISH INVOLVEMENT

ASSOCIATIONS\*

RELATIONSHIP

RELATIONSHIP WITH PRIMARY MEMBER\*