St. Anne Catholic Church

PO Box 1547 Marianna,FL 32447 (850) 482-3734

PARISH REGISTRATION FORM

smily Name	Individual Information	Head of Household	d Spouse
ow should mail to your home be addressed? Please circle one.	First Name	4	
r. & Mrs. Dr. & Mr. Mr. & Mrs. & Mrs. & Mr. Mr. Mrs. Ms. Miss	Middle Name		
se both names on family meil Other	Last Name		, t
idress	Preferred Name		
Unlisted?	Maiden Name		
ome PhoneUnlisted? [Date of Birth	1	
mily Email	Gender	Male / Female	Male / Female
narried, please complete the following:	Religion		
arital Status	Primary Language		
arriage Date	Second Language		
your marriage recognized by the Catholic church?	Mailing Language		
	Employer		
	Occupation		
	Work Phone / Extension		
	Baptized	Yes / No	Yes / No
A STATE OF THE STA	Church	·	Section 1
WELCOME	City & State (province)		
8	Eucharist	Yes / No	Yes / No
# =	Church		
	City & State (province)		
	Confirmed	Yes / No	Yes / No
8	Church		
	City & State (province)		
ie .			
		DEELCE II	PE ONLY
		OFFICE USE ONLY	
		REVIEWED 🗔	
		ENTERED .	Initials
		STATUS Acti	ve / Visitor

CHILDREN / OTHERS LIVING AT HOME

PARISH REGISTRATION FORM

Individual Information	FIRST	SECOND	THIRD	FOURTH	FIFTH
Circle most appropriate	Son, Daughter, Other	Son, Daughter, Other	Son, Daughter, Other	Son, Daughter, Other	
First Name				out Daughter, Other	Son, Daughter, Other
Middle Name					
Last Name				-	
Preferred Name					
Maiden Name					
Date of Birth					
Gender	Male / Female	Male / Female			
Religion		Mele/ remale	Male / Female	Male / Female	Male / Female
Religious Ed Grade					
School Grade					
School Attending					
Primary Language					
Second Language					
Employer .		-			
Occupation		-			
Work Phone / Extension					
Baptlaed	V III				,
Beptism Date	Yes / No				
Church	-				
City / State (province)					
Eucharist	Ves (No.				
Eucharist Date	Yes / No	Yes / No	Yes / No	Yes / No	· Yes / No
Church					
City / State (province)					
Confirmed	Von (No				
onfirmation Date	Yes / No				
hurch					
ily / State (province)					