

Catholic Church of St. Monica

Date: / /

Office: 1700 Buford Hwy. Duluth 30097, 678-584-9947
 Fax 678-584-9760 Website: www.saintmonicas.com

REGISTRATION FORM

OFFICE USE ONLY # ()

Family (Last) Name	Mailing Address (PO Box or Street)	City	State GA	ZIP
Street Address (if different from mailing address)		Home Phone	Male Cell/Work Phone	Female Cell/Work Phone
Subdivision		Family's Primary e-mail address		
Parish of Previous Registration (Church Name & Location)				

Members of the Household

Name, first & middle; last only if different from above: (NOTE: If a different last name for anyone, underline it.)	Date of Birth	M/F	Marital Status	Occupation & Employer or School & Grade	First Language & Ethnicity	Religion (if not Catholic)

Check Sacraments Received (Please also show in each box the date each Sacrament was received, if known)

Name	Baptism	Reconciliation	Communion	Confirmation	Catholic Marriage

DO YOU WISH TO RECEIVE THE GEORGIA BULLETIN (Catholic weekly newspaper)? YES ___ NO ___

Do you have any special needs or situations that you wish to call to our attention? Please indicate below. Or, if you prefer, just place a "check mark" [✓] here: _____ and we will contact you personally.

If you have not done so, please inform your former parish immediately that you are no longer members there.