

## SAINT AGNES PARISH REGISTRATION

Please print, fill out this form and return to the Parish Office,  
 FAX (619) 223-7568 or E-mail to francinesanfilippo@yahoo.com

Parish ID# \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Telephone: (    ) \_\_\_\_\_ Work Telephone: (    ) \_\_\_\_\_

Marital Status: (circle one)    Married    Single    Separated    Divorced    Widow(er)

If married, was it celebrated as a Sacrament in the Catholic Church? Yes (    ) No (    )

Husbands occupation: \_\_\_\_\_ Work Address: \_\_\_\_\_

Work Telephone: (    ) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Wife's occupation: \_\_\_\_\_ Work Address: \_\_\_\_\_

Work Telephone: (    ) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Maiden name: \_\_\_\_\_

If a family member is homebound, would they like to receive the Holy Eucharist weekly? Yes (    ) No (    )

First Name & Middle Initial (Last if different from above)	Religion	Male or Female	Date of Birth	Date of Baptism	Date of Eucharist	Date Confirmed	School Name
Head of Household							
Spouse							
Child							
Child							
Child							
Other adult living in Household							