



St. Michael Catholic Church

1440 Pearce Circle NE, Gainesville, GA 30501 770-534-3338 / FAX 770-535-2440

Date: / /
Office Use Only REG/ENV#

REGISTRATION FORM

Family Last Name: _____

Home Address: _____ City _____ Zip Code _____

Phone: _____ Cell#: _____ email _____

Marital Status (Please check one)

Married in the Catholic Church Date _____

Married but not in the Catholic Church Date _____

Divorced Date _____ Widowed

Separated Date _____ Single Cohabiting

Head of Household _____ Spouse _____

Date of Birth _____ Date of Birth _____

Profession _____ Profession _____

Work Phone _____ Work Phone _____

Religion _____ Religion _____

Maiden Name (if applicable) _____ Maiden Name (if applicable) _____

SACRAMENTAL INFORMATION OF FAMILY AND OTHERS LIVING IN SAME HOUSEHOLD
(Include Head of Household and Spouse)

Name	M/F	DOB	Date of Baptism	Date of Eucharist	Date of Confirmation	School Grad	Enrolled in SOR ¹ Yes/No	Special Needs

Former Parish Community (Name, City, State): _____

What program would you like to see in the Church? _____

Are you bilingual? Yes No If yes what language? _____

Are there any talents/times you would like to be involved in? _____

Would you like to receive envelopes for your contribution to the parish? Yes No . . . The GA Bulletin? Yes No

For office use only:	Send welcome Pckg. <input type="checkbox"/> Yes <input type="checkbox"/> No
Date received	Date entered
Other	

¹ School of Religion