



SAINT MICHAEL CATHOLIC CHURCH

1440 Pearce Circle N.E., Gainesville, Georgia 30501-2457

Office: 770-534-3338 Fax: 770-535-2440

Email: office@saintmichael.cc

Family Last Name: _____ Home Address: _____

City/ST: _____ Zip Code: _____ Email: _____

Marital Status

(Please check one)

Married in the Catholic Church Date: _____

Married but not in the Catholic Church Date: _____

Divorced Date: _____

Separated Date: _____

Single Cohabiting Widowed

Head of Household: _____ Spouse: _____

Date of Birth: _____ Date of Birth: _____

Profession: _____ Profession: _____

Cell Phone: _____ Cell Phone: _____

Religion: _____ Religion: _____

Maiden Name: _____ Maiden Name: _____

SACRAMENTAL INFORMATION OF OTHERS LIVING IN THE SAME HOUSEHOLD

Name	M F	DOB:	Date of Baptism	Date of FC	Date of Conf	Currently in SOR: Y N	Special Needs

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

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

What ministry would you like to be involved in? _____

Would you like to be added to our Parish Email Blast? Yes No

Would you like to receive envelopes for your contribution to the parish? Yes No

DATE RECEIVED: _____ DATE ENTERED: _____ SEND WELCOME PCKG: YES | NO ENV# _____