DIVINE MERCY PARISH REGISTRATION FORM

Please PRINT. PLEASE COMPLETE BOTH SIDES AND RETURN IT TO THE PARISH OFFICE. THIS INFORMATION IS FOR PARISH USE __ONLY__

Family Last Name: _____ Primary Phone _____ Unlisted: ☐ Yes ☐ No

Address: _____ City, State and Zip Code: _____

Please include ONLY family members residing at the address above. Only include the last name if an individuals last name is different than 'Family Last Name'. Family members who are 18 years or older and have graduated from high school should register as adults.

Adult 1: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Last Name _____ First & Middle Name _____

Nickname _____ Maiden Name _____

Occupation _____ Work Phone _____ Cell Phone _____

Email address _____ ☐ Prefer email communications

Adult 2: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Last Name _____ First & Middle Name _____

Nickname _____ Maiden Name _____

Occupation _____ Work Phone _____ Cell Phone _____

Email address _____ ☐ Prefer email communications

Child 1: Last Name _____ First & Middle Name _____
Nickname _____ School _____ Grade 2024/2025 _____

Child 2: Last Name _____ First & Middle Name _____
Nickname _____ School _____ Grade 2024/2025 _____

Child 3: Last Name _____ First & Middle Name _____
Nickname _____ School _____ Grade 2024/2025 _____

Child 4: Last Name _____ First & Middle Name _____
Nickname _____ School _____ Grade 2024/2025 _____

Child 5: Last Name _____ First & Middle Name _____
Nickname _____ School _____ Grade 2024/2025 _____

Child 6: Last Name _____ First & Middle Name _____
Nickname _____ School _____ Grade 2024/2025 _____

Child 7: Last Name _____ First & Middle Name _____
Nickname _____ School _____ Grade 2024/2025 _____

	First Name	Gender Male/ Female	Date of Birth	Marital Status: Single Married Separated Divorced Widowed	Religion (If not Catholic)	Sacraments Check the sacraments each person has received through the Catholic Church. Please include dates, if known.			
						Baptism	**First Communion**	**Confirmation**	**Marriage**
Adult 1			/ /			☐	☐	☐	☐ / /
Adult 2			/ /			☐	☐	☐	☐ / /
Child 1			/ /			☐	☐	☐	☐
Child 2			/ /			☐	☐	☐	☐
Child 3			/ /			☐	☐	☐	☐
Child 4			/ /			☐	☐	☐	☐
Child 5			/ /			☐	☐	☐	☐
Child 6			/ /			☐	☐	☐	☐
Child 7			/ /			☐	☐	☐	☐

I/We would like to receive:

☐ Adult Envelopes

☐ Children's Envelopes

☐ Information on Online Giving

Office Use Only: ID/Envelope # _____ Entered by: _____ Date: _____