



CHRIST THE KING ROMAN CATHOLIC COMMUNITY  
**PARISH REGISTRATION FORM**



Date: \_\_\_/\_\_\_/\_\_\_

Office Use Only:

Env. ID: \_\_\_\_\_

Would You Like Offertory Envelopes?: Yes \_\_\_ No \_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Online Giving?: Yes \_\_\_ No \_\_\_

Reg. Date: \_\_\_/\_\_\_/\_\_\_

Family Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Is Your Child Enrolled in Christ the King School?: Yes \_\_\_ No \_\_\_

City and Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

(If Different From Above)

First Name	Middle Name	Single Married Widow(er) Divorced	Sex M/F	Date of Birth M/D/Yr.	Catholic Non-Catholic	Baptized Yes/No	1st. Comm. Yes/No	Confirmed Yes/No	Language
Dependent Children Living At Home									
First Name	Last Name					Y/N	Y/N	Y/N	Y/N
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	
						Y/N	Y/N	Y/N	

Husband's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Wife's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

If Retired, Former Occupation: \_\_\_\_\_ Physical Limitations: \_\_\_\_\_