

St. Augustine Catholic Church

525 S. Third St., Breese, IL 62230

Phone and fax (618)526-4362

E-Mail: augustine306@att.net

Parish Registration Form

LAST NAME: _____

TITLE/S: (Mr./Mrs., etc.) _____

Address _____

Home Phone _____

Cell Phone _____

E-mail _____

I am interested in learning more about becoming involved in: Lectoring, Eucharistic Ministering, Ushering, joining the Choir, Decorating, playing a Musical Instrument, etc. (Please explain):

Marriage Information (current marital status, please check only one or offer complete explanation)

Married in a Catholic Church

Date of Marriage: ____/____/____

Married out of church

Date of Marriage: ____/____/____

Single

Widowed

Separated

Divorced

Other _____

Head of Household:

First Name: _____

Nickname _____

Maiden Name: _____

Date of Birth: _____

Religion: _____

Occupation: _____

Place of Employment: _____

Work Phone: _____

Circle sacraments received:

Baptized

First Communion

Confirmed

Spouse:

First Name: _____

Nickname _____

Maiden Name: _____

Date of Birth: _____

Religion: _____

Occupation: _____

Place of Employment: _____

Work Phone: _____

Circle sacraments received:

Baptized

First Communion

Confirmed

PLEASE TURN OVER AND COMPLETE THE BACK IF YOU HAVE CHILDREN

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Parish Registration Form

LAST NAME: _____

Parent's Names: _____

Children or other Dependents Living at Home:

First Name:				
Last Name: (If different)				
Birth Date				
Religion				
Baptismal Date				
Address of their Church of baptism				
School & Grade				
Sex				
Date of First Communion				
Date of Confirmation				

For Office Use Only: Date Received _____ Comp. _____ Card file _____
OSV _____ ABA _____ ASA _____
Pic. Directory _____ Envelopes _____