CHURCH OF ST. ANASTASIA
PARISH REGISTRATION FORM

Registration Nbr._____ **Envelope Nbr.**_____ **Date:**_____

Head of Household:_____
First Name **Last Name** **Maiden Name (if applicable)**

Spouse Name:_____
First Name **Last Name** **Maiden Name (if applicable)**

Address:_____
Street **Town** **St** **Zip Code**

Telephone Numbers:_____
Home **Work** **Cell**

_____
E-Mail Address **Language spoken at home** **Second Language**

	Name	Date of Birth	Male/ Female	Baptism yes/no	Communion yes/no	Confirmation yes/no	Marital Status	Date of Marriage	Occupation or name of School
Head of Household									
Spouse									
Children									
Children									
Children									
Children									
Other family members									
Other family members									