

**ALL SAINTS PARISH REGISTRATION INFORMATION**

LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

ENVELOPE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Marital Status: Married Single Divorced  
(Circle One) Widowed Separated  
Cohabiting

If married: List date & place of marriage \_\_\_\_\_ Was a priest:/deacon present?  
YES NO

First/ Last Name	Religion	Date of Birth	Baptized Yes No	Confirmed Yes No	Occupation	Name of Employer	Work Phone
First Name			Church/ Denomination	Church/ Denomination			
Spouse (First/Maiden Name)			Church/ Denomination	Church/ Denomination			

**E-Mail:**

Information on this sheet may be shared with other areas of the church and school.

First Name of Children (Last Name if Different)	At Home		Date of Birth City, State	Date of Baptism	Faith of Baptism Church of Baptism	1st Communion		Confirmed		Name of School Attending	Grade
	Yes	No				Yes	No	Yes	No		

Name of Others Living in the Home	Relationship

For Office Use Only	PDS	DBQ	Pledge	RE	School	RCIA	WELCOME	Sacra- ments

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**

Special Needs of Family: (Needs Homebound Communion, Would Like Home Visit, )

All Saints Parish  
720 29th Street SE Cedar Rapids, Iowa 52403  
Telephone: 363-6130