

Corpus Christi Parish ~ Registration Form

2075 Lafayette Rd., Portsmouth NH 03801

www.corpuschristinh.org

603-436-4555

parishmail.ccnh@gmail.com

Note: An asterisk denotes a required field; and wherever there is a choice, please circle your answer.

Date form completed: _____

FAMILY INFORMATION

*Last name: _____ (The primary name under which all family information will be referenced.)
*Address (mailing): _____ (Address, City/State/Zip)
Address (geographic, if different): _____ (Address, City/State/Zip)
Seasonal address: _____ (Address City/State/Zip) Seasonal Dates: _____ to _____ (Month to Month)
*Home phone number: _____ (Unlisted? Yes No) (Landline or Cell?) Seasonal phone number: _____
*Email address: _____ (The primary email to which parish correspondence, including faith formation info, will be sent.)

INDIVIDUAL MEMBER INFORMATION

Circle: **Husband** **Wife** **Single/Head of Household**

*Last name: _____ *First name: _____ Middle Initial: _____ Suffix: _____
*Maiden (last) name: _____ Preferred title (circle): Mr. Mrs. Ms. Dr. Other (specify) _____
e-mail address: _____ @ _____
Cell phone number: _____ Work phone number: _____ ext. _____
*Gender (circle): M F *Date of birth (mm/dd/yyyy): ____/____/_____
*Are you Catholic? Yes No If not Catholic, please specify your religion, if you wish: _____
If Catholic, and you know the church (and city/state) of your baptism, please indicate here: _____
Date of Baptism (if you only know the year, just specify year) (mm/dd/yyyy): ____/____/_____
Location of Baptism: _____ (name of parish, city, state)
*Marital status (circle): Single Married Separated Divorced Annulled Widowed Cohabiting
If married: *date of marriage (mm/dd/yyyy): ____/____/_____*Were you married in the Catholic Church (circle): Yes No
place of marriage (church, city, state): _____
*Are you a confirmed Catholic (circle)? Yes No If no, would you like to complete this sacrament (circle)? Yes No

Circle: **Husband** **Wife**

*Last name: _____ *First name: _____ Middle Initial: _____ Suffix: _____
*Maiden (last) name: _____ Preferred title (circle): Mr. Mrs. Ms. Dr. Other (specify) _____
e-mail address: _____ @ _____
Cell phone number: _____ Work phone number: _____ ext. _____
*Gender (circle): M F *Date of birth (mm/dd/yyyy): ____/____/_____
*Are you Catholic? Yes No If not Catholic, please specify your religion, if you wish: _____
If Catholic, and you know the church (and city/state) of your baptism, please indicate here: _____
Date of Baptism (if you only know the year, just specify year) (mm/dd/yyyy): ____/____/_____
Location of Baptism: _____ (name of parish, city, state)
*Marital status (circle): Single Married Separated Divorced Annulled Widowed Cohabiting
If married: *date of marriage (mm/dd/yyyy): ____/____/_____*Were you married in the Catholic Church (circle): Yes No
place of marriage (church, city, state): _____
*Are you a confirmed Catholic (circle)? Yes No If no, would you like to complete this sacrament (circle)? Yes No

Children

Note:

- (1) The “child” entries that follow are for dependent children through college matriculation. “Independent” children living at home, i.e. those having graduated from high school or college and now “earning a living,” should fill out their own registration form as a single person.
- (2) Similarly, if there is a dependent/elderly parent at home, that person should fill out their own registration form as a single person.

	For Each Child: Last Name, First Name, Middle Initial, Suffix Gender Date of Birth	School: Name & Location Grade	Sacraments:			
			Please indicate Yes or No whether the child received the sacrament and when and where it was received (church, city, state). If you don't remember, write, “don't know.”			
			Sacrament	Yes/No	Date (if known)	Church/City/State (if known)
1	*Name:		Baptism			
	*Gender (circle): M F		1st Eucharist			
	*Date of birth (mm/dd/yy): ___ / ___ / ___		Confirmation			
2	*Name:		Baptism			
	*Gender (circle): M F		1st Eucharist			
	*Date of birth (mm/dd/yy): ___ / ___ / ___		Confirmation			
3	*Name:		Baptism			
	*Gender (circle): M F		1st Eucharist			
	*Date of birth (mm/dd/yy): ___ / ___ / ___		Confirmation			
4	*Name:		Baptism			
	*Gender (circle): M F		1st Eucharist			
	*Date of birth (mm/dd/yy): ___ / ___ / ___		Confirmation			

Child #5 For this child and any other children, please use a separate sheet and write in the information requested above.

Special Needs

Does anyone in your household have a special need/disability, e.g. an infirmity that keeps them homebound or in a nursing facility, that you would like us to know about (circle)? Yes No If so, who? _____ Relationship to you? _____

Disability (optional): _____

If in a local nursing home, which one?: _____

Emergency contact person: _____ phone #: _____

Financial Support of the Church

To facilitate regular giving, we encourage our parishioners to use weekly contribution envelopes.

If you wish to receive envelopes, please place a check mark here: _____

We also offer Online Giving as an option for regular parish support. To learn more/enroll, please visit our parish website: www.corpuschristinh.org