

# Corpus Christi Parish ~ Registration Form

845 Woodbury Ave, 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 name of the parish (and city, state) of your baptism, please list here: \_\_\_\_\_  
Date of Baptism (if you only know the year, just specify year) (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\*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 name of the parish (and city, state) of your baptism, please list here: \_\_\_\_\_  
Date of Baptism (if you only know the year, just specify year) (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\*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)
<b>1</b>	*Name:		<b>Baptism</b>			
	*Gender (circle): M F		<b>1<sup>st</sup> Eucharist</b>			
	*Date of birth (mm/dd/yy): ____/____/____		<b>Confirmation</b>			
<b>2</b>	*Name:		<b>Baptism</b>			
	*Gender (circle): M F		<b>1<sup>st</sup> Eucharist</b>			
	*Date of birth (mm/dd/yy): ____/____/____		<b>Confirmation</b>			
<b>3</b>	*Name:		<b>Baptism</b>			
	*Gender (circle): M F		<b>1<sup>st</sup> Eucharist</b>			
	*Date of birth (mm/dd/yy): ____/____/____		<b>Confirmation</b>			
<b>4</b>	*Name:		<b>Baptism</b>			
	*Gender (circle): M F		<b>1<sup>st</sup> Eucharist</b>			
	*Date of birth (mm/dd/yy): ____/____/____		<b>Confirmation</b>			

**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](http://www.corpuschristinh.org)