

Mailing Address:
 11 Irving Avenue
 Colonial Beach, VA 22443

Date: _____

St. Elizabeth of Hungary Catholic Church Parish Registration Form

Phone: 804-224-7221
 Email: office@saintselizabethandanthony.com
 Website: saintselizabethandanthony.com

Family Last Name: _____
 Home Phone: _____
 Email(s): _____

Mailing Address:

Physical Address:

| First and Middle Name | DOB | Religion | Occupation & Employer | Phone Numbers | Sacraments Received | Marital Status |
|---------------------------------------------------|-----|----------|-----------------------|----------------|--------------------------------------------------------------------|----------------|
| Husband / Single Male | | | | work: cell: | ___ Baptism ___ Communion ___ Confession ___ Confirmation | M / S / W / D |
| Wife (please include maiden name) / Single Female | | | | work: cell: | ___ Baptism ___ Communion ___ Confession ___ Confirmation | M / S / W / D |

| Children at Home * (First and Middle) (Last Name if different from family last name.) | DOB | Gender | Education (Please indicate public, Catholic, private, or home school.) | Sacraments Received (Please indicate if child is not Catholic.) |
|---------------------------------------------------------------------------------------------|-----|--------|---------------------------------------------------------------------------------|--------------------------------------------------------------------|
| | | | | ___ Baptism ___ Confession ___ Communion ___ Confirmation |
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| | | | | ___ Baptism ___ Confession ___ Communion ___ Confirmation |
| | | | | ___ Baptism ___ Confession ___ Communion ___ Confirmation |

| Others Residing at Address * (First, Middle, and Last Name) | DOB | Religion | Relationship to Household | Phone Numbers | Sacraments Received | Marital Status |
|----------------------------------------------------------------|-----|----------|------------------------------|----------------|--------------------------------------------------------------------|----------------|
| | | | | work: cell: | ___ Baptism ___ Communion ___ Confession ___ Confirmation | M / S / W / D |
| | | | | work: cell: | ___ Baptism ___ Communion ___ Confession ___ Confirmation | M / S / W / D |

* If additional spaces are needed, please continue on a separate sheet.

**St. Elizabeth of Hungary Catholic Church
Parish Registration Form**

- ◆ If married, were you married in the Catholic Church by a Priest or Deacon?: YES / NO Date of Marriage: _____
 - ◆ Would you like to be contacted about any of the following: Baptism, Confession, First Holy Communion, Confirmation, RCIA, getting your marriage blessed in the Catholic Church? _____
 - ◆ If anyone in your household is disabled, homebound, ill, or has special needs, please explain: _____
-
- ◆ Are your children registered in a religious education program? Y / N Where? _____

Please express your commitment to support St. Elizabeth Catholic Church by offering your time, talent and treasure:

Your Time & Talents

In addition to attending Mass at St. Elizabeth, please consider volunteering with or joining one of our groups.

Please list name of family member next to area of interest.

| | |
|------------------------|--|
| Lectors | |
| Altar boys | |
| Ushers | |
| Choir | |
| Altar & Rosary Society | |
| Grounds keeping | |
| Religious education | |
| Knights of Columbus | |
| Legion of Mary | |
| Social outreach | |

If you have other ideas of how you would like to be involved in our parish family, please list them here.

Your Treasure:

Your offertory donations supply the financial needs of St. Elizabeth Catholic Church and its programs. You may use offertory envelopes or you may sign-up for online giving for automatic giving by bank or credit card. Please indicate your preference:

_____ **offertory envelopes**

_____ **online giving**

(see www.faithdirect.net use code VA573)

The expression of your offertory commitment helps us plan our budget.

\$ _____ per week beginning *(date)* _____

For office use.