


Saint Clare of Assisi Roman Catholic Parish

 (623) 546-3444

 church@stcpaz.org

 stcpaz.org

New Parishioner Registration

Head of Household

Family (Last) Name: _____ First Name: _____ Middle Initial: _____
 Sex: F M Date of Birth: __-__-____ Languages Spoken: _____
 Home Address: _____ City: _____ State: ____ Zip Code: _____
 Winter Visitor? Y N
 Mailing Address, if Winter Visitor:
 Address: _____ City: _____ State: ____ Zip Code: _____
 Email: _____ Phone: (____) ____-____ Please choose one: Home/Cell/Work
 Marital Status: Single Married Widowed Divorced Separated
 Occupation: _____
 Sacraments Received: Baptism First Communion Confirmation Marriage
 If married, were you married in the Catholic Church? Y N

Spouse

First Name: _____ Middle Initial: _____ Maiden Name: _____
 Sex: F M Date of Birth: __-__-____ Languages Spoken: _____
 Home Address: _____ City: _____ State: ____ Zip Code: _____
 Email: _____ Phone: (____) ____-____ Please choose one: Home/Cell/Work
 Occupation: _____
 Sacraments Received: Baptism First Communion Confirmation Marriage
 If married, were you married in the Catholic Church? Y N
 Religion, if Not Catholic: _____

Children/Dependents

Please list the children/dependents living with you. If they are no longer your dependent, are living or working on their own, or are married, they should register separately.

First Name: _____ Middle Initial: _____
 Sex: F M Date of Birth: __-__-____ Languages Spoken: _____
 Relationship (daughter, son, stepchild, grandchild, etc.): _____
 Grade Level: _____ Sacraments Received: Baptism First Communion Confirmation
 Would you like more information about our Religious Education Program? Y N
 Would you like more information about our Youth Group? Y N

2nd Child

First Name:_____ Middle Initial:_____

Sex: F M Date of Birth:___-___-___ Languages Spoken:_____

Relationship (daughter, son, stepchild, grandchild, etc.):_____

Grade Level:_____ Sacraments Received: Baptism First Communion Confirmation

Would you like more information about our Religious Education Program? Y N

Would you like more information about our Youth Group? Y N

Is there anything you feel we should know about your child? Special needs, sacramental needs, or other things we can help with?

3rd Child

First Name:_____ Middle Initial:_____

Sex: F M Date of Birth:___-___-___ Languages Spoken:_____

Relationship (daughter, son, stepchild, grandchild, etc.):_____

Grade Level:_____ Sacraments Received: Baptism First Communion Confirmation

Would you like more information about our Religious Education Program? Y N

Would you like more information about our Youth Group? Y N

Is there anything you feel we should know about your child? Special needs, sacramental needs, or other things we can help with?

4th Child

First Name:_____ Middle Initial:_____

Sex: F M Date of Birth:___-___-___ Languages Spoken:_____

Relationship (daughter, son, stepchild, grandchild, etc.):_____

Grade Level:_____ Sacraments Received: Baptism First Communion Confirmation

Would you like more information about our Religious Education Program? Y N

Would you like more information about our Youth Group? Y N

Is there anything you feel we should know about your child? Special needs, sacramental needs, or other things we can help with?

5th Child

First Name:_____ Middle Initial:_____

Sex: F M Date of Birth:___-___-___ Languages Spoken:_____

Relationship (daughter, son, stepchild, grandchild, etc.):_____

Grade Level:_____ Sacraments Received: Baptism First Communion Confirmation

Would you like more information about our Religious Education Program? Y N

Would you like more information about our Youth Group? Y N

Is there anything you feel we should know about your child? Special needs, sacramental needs, or other things we can help with?

6th Child

First Name:_____ Middle Initial:_____

Sex: F M Date of Birth:___-___-___ Languages Spoken:_____

Relationship (daughter, son, stepchild, grandchild, etc.):_____

Grade Level:_____ Sacraments Received: Baptism First Communion Confirmation

Would you like more information about our Religious Education Program? Y N

Would you like more information about our Youth Group? Y N

Is there anything you feel we should know about your child? Special needs, sacramental needs, or other things we can help with?

7th Child

First Name:_____ Middle Initial:_____

Sex: F M Date of Birth:___-___-___ Languages Spoken:_____

Relationship (daughter, son, stepchild, grandchild, etc.):_____

Grade Level:_____ Sacraments Received: Baptism First Communion Confirmation

Would you like more information about our Religious Education Program? Y N

Would you like more information about our Youth Group? Y N

Is there anything you feel we should know about your child? Special needs, sacramental needs, or other things we can help with?

Sacramental Records

Can you provide sacramental records for you and everyone in your family? __Y __N

Please explain:

Tithing Preference

Electronic Giving with Faith Direct - Parish Recommended: __Y __N

You can self-enroll by going to faith.direct/AZ1084 or by texting "Enroll" to (623) 323-4424.

Paper Envelopes: __Y __N

If yes, the Parish Office will assign an envelope number and set you up to receive paper envelopes

Time and Talent

Our parish depends on the time and talent of parishioners like you! Please select any of the following ministries and someone will contact you with additional information:

- | | |
|--|--|
| <input type="checkbox"/> Adult Bible Study | <input type="checkbox"/> Metanoia |
| <input type="checkbox"/> Altar Linen Society | <input type="checkbox"/> Nomad AA |
| <input type="checkbox"/> Anima Christi Charismatic Prayer Group | <input type="checkbox"/> Our Lady of Antipolo Ministry |
| <input type="checkbox"/> Arts & Environment | <input type="checkbox"/> Our Lady of Guadalupe Association |
| <input type="checkbox"/> Blood Drive | <input type="checkbox"/> Prayer Shawl Ministry |
| <input type="checkbox"/> Catholic Daughters of the Americas (Adults & Juniors) | <input type="checkbox"/> Religious Education Catechist/Assistant |
| <input type="checkbox"/> Catholic Men's Fellowship | <input type="checkbox"/> Rosary Makers |
| <input type="checkbox"/> Choirs | <input type="checkbox"/> Safety Committee |
| <input type="checkbox"/> Christ Renews His Parish | <input type="checkbox"/> St. Maximilian Kolbe Fraternity |
| <input type="checkbox"/> Cursillo | <input type="checkbox"/> St. Vincent de Paul Society |
| <input type="checkbox"/> Divine Mercy Cenacle | <input type="checkbox"/> Saturday Evening Fellowship Committee |
| <input type="checkbox"/> El Buen Pastor Oración Carismatica | <input type="checkbox"/> Scouts (Pack & Troop) |
| <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Small Christian Communities |
| <input type="checkbox"/> Knights of the Altar | <input type="checkbox"/> Sorority of Lisieux |
| <input type="checkbox"/> Legion of Mary | <input type="checkbox"/> Walking With Moms in Need/Respect Life |
| <input type="checkbox"/> Library Committee | <input type="checkbox"/> Women's Guild |
| <input type="checkbox"/> Liturgical Ministries (Lector, EM, Sacristan, Usher) | |
| <input type="checkbox"/> Men's Scripture Study | |

Miscellaneous Information

Are you registered at another parish in the Diocese of Phoenix? __Y __N

Parish Name: _____

Are you registered with another parish in your summer diocese? __Y __N

Are you Safe Environment Certified in the Diocese of Phoenix? __Y __N

Please indicate through which Parish you are certified: _____

Please share any additional information about your family you feel we should know: