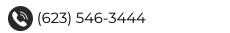


Saint Clare of Assisi Roman Catholic Parish







New Parishioner Registration

Head of Household				
Family (Last) Name:	First Name:	Middle Initial:		
Sex:FM Date o	of Birth:	Languages Spoken:		
Home Address:		State: Zip Code:		
	Winter Visitor?Y	N		
Mailing Address, if Winter Visitor				
Address:	City:	State: Zip Code:		
		Please choose one: Home/Cell/Work		
Marital Status: SingleMarri Occupation:		orcedseparated		
Sacraments Received:Baptism		Confirmation Marriage		
If married, were you married in t				
	Spouse			
First Name:	Middle Initial:	Maiden Name:		
Sex:FM Date o	of Birth:	Languages Spoken:		
		State: Zip Code:		
		Please choose one: Home/Cell/Work		
Occupation:				
Sacraments Received:Baptism				
If married, were you married in t		YIN		
Religion, if Not Catholic:				
	Children/Dependent	dents		
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:	<u> </u>		
		Languages Spoken:		
		tismFirst CommunionConfirmation		
Would you like more informatior	ı about our Religious Edı	ucation Program?YN		
Would you like more informatior	າ about our Youth Group	?_Y _N		
ı				
·				

5th Child
First Name: Middle Initial: Sex:FM Date of Birth: Languages Spoken: Relationship (daughter, son, stepchild, grandchild, etc.): Grade Level: Sacraments Received:BaptismFirst CommunionConfirmation Would you like more information about our Religious Education Program?YN
Would you like more information about our Youth Group?YN 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:FM Date of Birth: Languages Spoken: Relationship (daughter, son, stepchild, grandchild, etc.): Grade Level: Sacraments Received:BaptismFirst CommunionConfirmation Would you like more information about our Religious Education Program?YN Would you like more information about our Youth Group?YN 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:

Sacramental Records			
Can you provide sacramental records for you and everyone in your family?YN Please explain:			
Tithing Preference			
Electronic Giving with Faith Direct - Parish Recommended:YN You can self-enroll by going to faith.direct/AZ1084 or by texting "Enroll" to (623) 323-4424.			
Paper Envelopes:YN If yes, the Parish Office will assign an envelope number of	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:			
Adult Bible Study Altar Linen Society Anima Christi Charismatic Prayer Group Arts & Environment Blood Drive Catholic Daughters of the Americas (Adults & Juniors) Catholic Men's Fellowship Choirs Christ Renews His Parish Cursillo Divine Mercy Cenacle El Buen Pastor Oración Carismatica Knights of Columbus Knights of the Altar Legion of Mary Library Committee Liturgical Ministries (Lector, EM, Sacristan, Usher) Men's Scripture Study	Metanoia Nomad AA Our Lady of Antipolo Ministry Our Lady of Guadalupe Association Prayer Shawl Ministry Religious Education Catechist/Assistant Rosary Makers Safety Committee St. Maximilian Kolbe Fraternity St. Vincent de Paul Society Saturday Evening Fellowship Committee Scouts (Pack & Troop) Small Christian Communities Sorority of Lisieux Walking With Moms in Need/Respect Life Women's Guild		
Miscellaneous Information			
Are you registered at another parish in the Diocese of Ph Parish Name: Are you registered with another parish in your summer of Are you Safe Environment Certified in the <u>Diocese of Pho</u> Please indicate through which Parish you are certified Please share any additional information about your fam	diocese?YN oenix?YN d:		