

St. Anne Parish Registration

(Please Print OR Fill-In PDF, Save & Email)



Last Name: _____ Phone: _____ Cell Phone: _____

Address: _____ City/State/Zip: _____

Male's Occupation: _____ Place of Work: _____ Email: _____

Female's Occupation: _____ Place of Work: _____ Email: _____

Please circle status: Married Single Widowed Single Parent Separated Divorced Remarried

If married, date of marriage: _____ Catholic Marriage Non-Catholic
 Civil Marriage Marriage Blessing

Prior Parish/City/State: _____

* I consent to having parish correspondence, including my contribution statement e-mailed to me at the above address(es). _____

Please send a family photo to parishoffice@saint-anne.org!

- If any family members will NOT be attending St. Anne, please indicate that.
- Check off the Sacraments each family member has received. Please indicate if you entered the Catholic Church as an adult through the RCIA process.

First Name	Birth Date	Religion	Baptism	Eucharist	Reconciliation	Confirmation	RCIA	Race: African American, Asian, Caucasian, Hispanic, Native American
Male								
Female (include maiden name)								
Child								Gender: Male Female
Child								Gender: Male Female
Child								Gender: Male Female
Child								Gender: Male Female
Child								Gender: Male Female