

Office Use Only

DIOCESE OF ARLINGTON REGISTRATION

Parish I.D. # _____ Family Name _____

Home Phone _____ Cell Phone _____ Alternate Phone _____

Address _____ Apt/Unit # _____ City _____ State _____ Zip _____

E-mail Address _____ Alternate E-mail Address _____

HEADS OF HOUSEHOLD First Name	Middle Initial	MALE/ FEMALE	BIRTH DATE Mo./Day/Yr.	RELIGIOUS DENOMINATION	MARITAL STATUS	BAPTISM		EUCHARIST		CONFIRMATION		CATHOLIC MARRIAGE		OCCUPATION
						Y	N	Y	N	Y	N	Y	N	
Children													Catholic School?	CCD?
Others in Household													Relationship to Head	

Please note that office staff will verify that your address is within parish boundaries and confirm your registration.