



Divine Mercy Catholic Church

2231 Club Center Drive, Sacramento CA 95835

Tel: (916) 256-3134

Email: parish@divinemergynatomas.com

Website: www.divinemergynatomas.com

Parish Registration Form

*(Please complete only one application for a family at **the same address**)

HEAD OF HOUSEHOLD			
Last Name:	Legal First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Street Address:		City:	Zip Code: <input type="checkbox"/> Male <input type="checkbox"/> Female
Email:		Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	Nickname:
Marital Status:	Wedding Date: (mm/dd/yyyy)	<input type="checkbox"/> Catholic Church <input type="checkbox"/> Civil/Non-Catholic	Occupation:
Religion/Denomination:		Ethnicity:	Language:
Sacraments Completed: (mm/dd/yyyy)			
<input type="checkbox"/> Baptism Date _____		<input type="checkbox"/> 1 st Communion Date _____	
<input type="checkbox"/> 1 st Confession _____		<input type="checkbox"/> Confirmation Date _____	
SPOUSE			
Last Name:	Legal First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nickname:	Occupation:	Ethnicity:	Language:
Religion/Denomination:			
Sacraments Completed: (mm/dd/yyyy)			
<input type="checkbox"/> Baptism Date _____		<input type="checkbox"/> 1 st Communion Date _____	
<input type="checkbox"/> 1 st Confession _____		<input type="checkbox"/> Confirmation Date _____	
1 st CHILD			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Nickname:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sacraments Completed: (mm/dd/yyyy)			
<input type="checkbox"/> Baptism Date _____		<input type="checkbox"/> 1 st Communion Date _____	
<input type="checkbox"/> 1 st Confession _____		<input type="checkbox"/> Confirmation Date _____	

Parish Registration Form (continued)

2 nd CHILD			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Nickname:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sacraments Completed: (mm/dd/yyyy) <input type="checkbox"/> Baptism Date _____ <input type="checkbox"/> 1 st Communion Date _____ <input type="checkbox"/> 1 st Confession _____ <input type="checkbox"/> Confirmation Date _____			
3 rd CHILD			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Nickname:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sacraments Completed: (mm/dd/yyyy) <input type="checkbox"/> Baptism Date _____ <input type="checkbox"/> 1 st Communion Date _____ <input type="checkbox"/> 1 st Confession _____ <input type="checkbox"/> Confirmation Date _____			
4 th Child			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Nickname:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sacraments Completed: (mm/dd/yyyy) <input type="checkbox"/> Baptism Date _____ <input type="checkbox"/> 1 st Communion Date _____ <input type="checkbox"/> 1 st Confession _____ <input type="checkbox"/> Confirmation Date _____			
OTHER/S			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Mobile Phone:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status:	Wedding Date:	<input type="checkbox"/> Catholic Church <input type="checkbox"/> Civil/Non-Catholic	Occupation:
Religion/Denomination:		Ethnicity:	Language:
OTHER/S			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Mobile Phone:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status:	Wedding Date:	<input type="checkbox"/> Catholic Church <input type="checkbox"/> Civil/Non-Catholic	Occupation:
Religion/Denomination:		Ethnicity:	Language:

FOR OFFICE USE ONLY		
Date Entered:	Entered By:	Envelope #: