

Divine Mercy Catholic Church

2231 Club Center Drive, Sacramento CA 95835

Tel: (916) 256-3134

Email: parish@divinemercynatomas.com Website: www.divinemercynatomas.com

Parish Registration Form

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

Last Name:	Legal First Nar	ne: Middle Na	me:	Date of Birth: (mm/dd/yyyy)
				(, 22,7,7,7)
Street Address:		City:	Zip Code:	
				☐ Male
Email:		Phone:	L Cell	Female Nickname:
Marital Status: Wedding Date:(mm/dd/		/dd/yyyy)	Church	Occupation:
			n-Catholic	
Religion/Denomi	Ethnicity:		Language:	
Sacraments Compl	eted: (mm/dd/vvvv)			
Baptism Date	1st Comr	1st Communion Date		
1st Confession		Confirmation Date		
SPOUSE				
Last Name:	Legal First Nar	me: Middle Na	me:	Date of Birth: (mm/dd/yyyy)
Email:		Phone:	Cell Home	☐ Male
				☐ Female
Nickname: Occupation:		Ethnicity:		Language:
Religion/Denomi	nation:			
Sacraments Compl	eted: (mm/dd/yyyy)	I		
Baptism Date	— 🔲 1 st Comr	1st Communion Date		
		Confirma	ation Date	
1st CHILD			T -	
Last Name:	First Name:	Middle Name:	Date	e of Birth: (mm/dd/yyyy)
Email:		Nickname:	_	lale emale
Sacramonte Compl	eted: (mm/dd/yyyy)		_ r	emale
Baptism Date		1st Com	munion Dato	
☐ 1 st Confession	_	☐ 1 st Communion Date ☐ Confirmation Date		

Parish Registration Form (continued)

2 nd CHILD					
Last Name:	First Nan	ne:	Middle Name:	Date of Birth: (mm/dd/yyyy)	
Email:			Nickname:	Male	
				Female	
Sacraments Comple	eted: (mm/dd/	′уууу)			
			1st Commun	ion Date	
1st Confession				Date	
3 rd CHILD					
Last Name:	First Nam	ne:	Middle Name:	Date of Birth: (mm/dd/yyyy)	
Email:			Nickname:	☐ Male	
				Female	
Sacraments Comple	eted: (mm/dd/	уууу)			
☐ Baptism Date			1st Communion Date		
1st Confession			Confirmation Date		
4 th Child					
Last Name:	First Nam	ne:	Middle Name:	Date of Birth: (mm/dd/yyyy)	
Email:			Nickname:	Male	
				Female	
Sacraments Comple	eted: (mm/dd/	/vvv)			
			1st Commun	on Date	
1st Confession			Confirmation Date		
OTHER/S			Commination		
Last Name:	First Nam	ne:	Middle Name:	Date of Birth: (mm/dd/yyyy)	
Email:			Mobile Phone:	Male	
-				Female	
Marital Status:	Wedding Da	ate:	☐ Catholic Church	Occupation:	
Fidital Status.			Civil/Non-Catholi		
Religion/Denomination:			Ethnicity:		
Religion/ Denomin	iation:		Ethnicity:	Language:	
OTHER/S					
Last Name:	First Nam	ne:	Middle Name:	Date of Birth: (mm/dd/yyyy)	
Lust Nume.	Thist Num	ic.	riidale italiie.	Bace of Birein (min, da, yyyy)	
Email:			Mobile Phone:	│	
			Problic i nonci	Female	
Marital Status: Wedding Date:			☐ Catholic Church	Occupation:	
Figure 1 Status		Civil/Non-Catholi	- I		
Religion/Denomination:			Ethnicity:	Language:	
			Etimicity.	Language.	
EOD OFFICE HE	E ONLY —				
Pote Entered				Envelope #:	
Date Entered: Entered B		Entered By		Envelope #:	