



St. Anne Catholic Church

Parish Registration Form

340 Tenth Street, Seal Beach, CA 90740, 562-431-0721, email: office@stannesealbeach.org

Check one: New Parishioner Update/Change Registration Information

For Office Use Only
Last Name: _____
Today's Date: ____/____/____

YOUR NAME <small>(First Middle Initial, Last, Maiden if applicable)</small>	GENDER <small>Circle One</small>	MARITAL <small>status</small>	BIRTH DATE <small>mm/dd/yyyy</small>	RELIGION	SACRAMENTS <small>check if received</small>	OCCUPATION
	M / F	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	/ /		<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	

Address: _____ Apt #: _____ City: _____ Zip Code: _____

Primary telephone: (____) _____ Home Work Cell Alternate telephone: (____) _____ Home Work Cell

Primary email address: _____ Prior Parish Community: _____
Name, City, State

Tell us about whom else you would like to register (please print clearly)

OTHER NAMES/Relationship <small>(First Middle Initial, Last, Maiden if applicable)</small>	GENDER <small>Circle One</small>	MARITAL <small>status</small>	BIRTH DATE <small>mm/dd/yyyy</small>	RELIGION	SACRAMENTS <small>check if received</small>	OCCUPATION <small>or grade in school</small>
	M / F	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	/ /		<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	
	M / F	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	/ /		<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	
	M / F	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	/ /		<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	
	M / F	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	/ /		<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	
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Would you like to receive Offertory Envelopes? Yes No Please send me information on Parish Pay online giving.

Please describe talents and skills you would like to share with the parish: _____

We are a Spirit filled community that encourages everyone to actively participate in the parish.

Please contact me, or my family, with information on the following programs, ministries and/or Sacraments:

Liturgy: Eucharistic Minister Lector Sacristan Usher Music/Choir Altar Server

Organizations: Women's Guild Knights of Columbus

Ministries: Bereavement Ministry Baptism Preparation Ministry Ministry to the Sick St. Padre Pio Prayer Group Prayer Shawl Ministry

Faith Formation: PreK - 8th grade faith formation Youth Ministry/Confirmation Liturgy of the Word for Children

Social Concerns: Respect Life Social Justice

Sacramental Preparation: Baptism First Reconciliation First Communion Confirmation Marriage RCIA

FOR OFFICE USE ONLY: DIOCESAN ID # _____ ENV. # _____ MIN _____ PS _____ DB _____ CRE _____ EMAIL _____
