

St. Michael the Archangel Roman Catholic Church

490 Arnold Mill Road, Woodstock, GA 30188

Parish Registration Form

(Please print)

If you are transferring from a church in the Atlanta Archdiocese, please list previous parish name, city and previous home address: _____

Head of Household Last Name (*Family last name*): _____

Title: Mr. Mrs. Ms. **Suffix:** Sr. Jr. Other _____

First and Middle Name: _____ **Maiden name:** _____

Gender: Male Female **Date of Birth:** _____ **Email:** _____

Street Address: _____

City: _____ **State:** Georgia **Zip:** _____ (4-digit postal code) _____

Primary Phone: _____ **Emergency Phone:** _____ **Cell Phone:** _____

Religion: (*Roman Catholic unless otherwise specified*) _____ **Family Language:** _____

Marital Status: Married Single Divorced Widowed Annulled
If married, Wedding Date: _____ Married in the Catholic Church? Yes No

Occupation: _____ **Sacraments:** Baptism Catholic? Yes No _____
Reconciliation/Confession (faith)
1st Eucharist/Communion
Confirmation

Adult Family Member:

Gender: Male Female **Title:** Mr. Mrs. Ms. **Suffix:** Sr. Jr. Other _____

First and Middle Name: _____ **Maiden name:** _____

Last Name (If different from Family name above): _____ **Role:** Husband Wife

Date of Birth: _____ **Religion:** (*Roman Catholic unless otherwise specified*) _____

Language: _____ **Marital Status:** Married Single Divorced Widowed Annulled
If married, Wedding Date: _____ Married in the Catholic Church? Yes No

Occupation: _____ **Email:** _____ **Cell Phone:** _____

Sacraments: Baptism Catholic? Yes No _____
Reconciliation/Confession (faith)
1st Eucharist/Communion
Confirmation

PLEASE COMPLETE OTHER SIDE FOR DEPENDENT CHILDREN

For Office Use Only:

Revised 4/1/2017

Date Rec'd: _____ Date/Entered By: _____ Welcome Letter: _____ Envelope #: _____

Dependent Children Information

(Please use additional form for more children)

Child#1

Gender: Male Female

Role: Son Daughter

Baptismal First and Middle Name: _____

Last Name (If different from Family name above): _____ **Suffix:** Jr. Other _____

Date of Birth: _____ **Religion:** *(Roman Catholic unless otherwise specified)* _____

Language: _____ **Special Needs:** _____

Sacraments: Baptism Catholic? Yes No Date: _____ Church Name/City/State: _____

Please attach Reconciliation/Confession

copy of 1st Eucharist/Communion Date: _____ Church Name/City/State: _____

certificate(s) Confirmation Date: _____ Church Name/City/State: _____

Child#2

Gender: Male Female

Role: Son Daughter

Baptismal First and Middle Name: _____

Last Name (If different from Family name above): _____ **Suffix:** Jr. Other _____

Date of Birth: _____ **Religion:** *(Roman Catholic unless otherwise specified)* _____

Language: _____ **Special Needs:** _____

Sacraments: Baptism Catholic? Yes No Date: _____ Church Name/City/State: _____

Please attach Reconciliation/Confession

copy of 1st Eucharist/Communion Date: _____ Church Name/City/State: _____

certificate(s) Confirmation Date: _____ Church Name/City/State: _____

Child#3

Gender: Male Female

Role: Son Daughter

Baptismal First and Middle Name: _____

Last Name (If different from Family name above): _____ **Suffix:** Jr. Other _____

Date of Birth: _____ **Religion:** *(Roman Catholic unless otherwise specified)* _____

Language: _____ **Special Needs:** _____

Sacraments: Baptism Catholic? Yes No Date: _____ Church Name/City/State: _____

Please attach Reconciliation/Confession

copy of 1st Eucharist/Communion Date: _____ Church Name/City/State: _____

certificate(s) Confirmation Date: _____ Church Name/City/State: _____
