

For Office Use: Date entered: _____

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455 Table Rock Road
Gettysburg, PA 17325
717-334-3919
www.stfxcc.org

St. Francis Xavier Catholic Parish

Parish Registration Form

Please Print Clearly

Head of Household: _____ Gender: _____ (M / F)
Last Name First Name Middle Name

Spouse: _____ Gender: _____ (M / F)
Last Name First Name Middle Name

Mailing Address: _____
Street Address City, State Zip Code Subdivision

Contact Information: _____
Primary Phone Do Not List Alternate Phone Do Not List Email Address

Spouse Maiden Name: _____

Do you want to receive weekly Offertory envelopes: Y / N (circle)

To the best of your knowledge list the date, and the name of the church, the church city and state, where the head of household received each sacrament.
If you can only remember the year, please put in 01/01/---- and the year you can remember.

Head of Household	_____	_____	_____	_____
	Birth Date (MM / DD / YYYY)	Occupation	Languages (Primary / Others)	Religion
<input type="checkbox"/> Baptized	_____	_____	_____	_____
	Date (MM / DD / YYYY)	Name of Church	Church City, State	
<input type="checkbox"/> First Communion	_____	_____	_____	_____
	Date (MM / DD / YYYY)	Name of Church	Church City, State	
<input type="checkbox"/> Confirmation	_____	_____	_____	_____
	Date (MM / DD / YYYY)	Name of Church	Church City, State	

Spouse	_____	_____	_____	_____
	Birth Date (MM / DD / YYYY)	Occupation	Languages (Primary / Others)	Religion
<input type="checkbox"/> Baptized	_____	_____	_____	_____
	Date (MM / DD / YYYY)	Name of Church	Church City, State	
<input type="checkbox"/> First Communion	_____	_____	_____	_____
	Date (MM / DD / YYYY)	Name of Church	Church City, State	
<input type="checkbox"/> Confirmation	_____	_____	_____	_____
	Date (MM / DD / YYYY)	Name of Church	Church City, State	

Marital Status _____ (Single, Married, Separated, Divorced, Widowed, Remarried)

Marriage _____
Date (MM / DD / YYYY) Name of Church / Other Location Church City, State
Married by: _____
____ Priest _____ Non-Catholic Minister _____ Justice of the Peace _____ Common Law

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Dependent Child 1	_____	_____	_____	Gender: _____ (M / F)
	<i>Full Name</i>	<i>Birth Date (MM / DD / YYYY)</i>	<i>Languages (Primary / Others)</i>	
<input type="checkbox"/> Baptized	_____	_____	_____	
	<i>Date (MM / DD / YYYY)</i>	<i>Name of Church</i>	<i>Church City, State</i>	
<input type="checkbox"/> First Communion	_____	_____	_____	
	<i>Date (MM / DD / YYYY)</i>	<i>Name of Church</i>	<i>Church City, State</i>	
<input type="checkbox"/> Confirmation	_____	_____	_____	
	<i>Date (MM / DD / YYYY)</i>	<i>Name of Church</i>	<i>Church City, State</i>	
Dependent Child 2	_____	_____	_____	Gender: _____ (M / F)
	<i>Full Name</i>	<i>Birth Date (MM / DD / YYYY)</i>	<i>Languages (Primary / Others)</i>	
<input type="checkbox"/> Baptized	_____	_____	_____	
	<i>Date (MM / DD / YYYY)</i>	<i>Name of Church</i>	<i>Church City, State</i>	
<input type="checkbox"/> First Communion	_____	_____	_____	
	<i>Date (MM / DD / YYYY)</i>	<i>Name of Church</i>	<i>Church City, State</i>	
<input type="checkbox"/> Confirmation	_____	_____	_____	
	<i>Date (MM / DD / YYYY)</i>	<i>Name of Church</i>	<i>Church City, State</i>	
Dependent Child 3	_____	_____	_____	Gender: _____ (M / F)
	<i>Full Name</i>	<i>Birth Date (MM / DD / YYYY)</i>	<i>Languages (Primary / Others)</i>	
<input type="checkbox"/> Baptized	_____	_____	_____	
	<i>Date (MM / DD / YYYY)</i>	<i>Name of Church</i>	<i>Church City, State</i>	
<input type="checkbox"/> First Communion	_____	_____	_____	
	<i>Date (MM / DD / YYYY)</i>	<i>Name of Church</i>	<i>Church City, State</i>	
<input type="checkbox"/> Confirmation	_____	_____	_____	
	<i>Date (MM / DD / YYYY)</i>	<i>Name of Church</i>	<i>Church City, State</i>	

Use another registration form for additional children.

Do you, your spouse, or dependents have any specific gifts or talents that may be a great blessing to our parish? Or are you interested in any of our ministries?