

All Saints Parish Membership Form

Last Name:		First Name:		Email:		M/M, Mr., Mrs., Ms
P.O. Box	Address:			City:	State:	Zip
Phone: ()		Unlsted? (Y) (N)	Date Registering:		Marital Status: Mar, Sing, Wid, Sep, Div	
Are you transferring from another parish? If so, which parish (include city)						

	Head of House	Spouse	Other/Child	Child	Child	Child
First Name						
Last Name						
Maiden Name						
Birth Date						
Marital Status						
Religion						
Occupation						
Sex: M/F						
Grade (for children)						

LOCATIONS						
Baptism	Church: City/State	Church: City/State	Church: City/State	Church: City/State	Church: City/State	Church: City/State
1st Eucharist	Church: City/State	Church: City/State	Church: City/State	Church: City/State	Church: City/State	Church: City/State
Confirmation	Church: City/State	Church: City/State	Church: City/State	Church: City/State	Church: City/State	Church: City/State
Marriage	Church: City/State	Church: City/State	Church: City/State	Church: City/State	Church: City/State	Church: City/State

Are there any ministries you might be interested in joining (i.e. eucharstic minister, choir, baking cookies or making a salad for a Church function, etc.)?

MINISTRIES	
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Are you comfortable with a welcome for you in our parish bulletin?

	(Please circle your response)	Yes	No	
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You can mail your completed registration to: All Saints Parish, 817 Sable Street., Alpena, MI 49707 or fax to 989-358-9079