

For Office Use

_____ E-vision _____ Insta-Set _____ Welcome Letter _____ Diocesan Update Envelope # _____ Date Entered ____/____/____

Please print CLEARLY all information on both side of this form. All information is needed to complete the registration.

WELCOME TO ST. ANN CATHOLIC CHURCH

310 North Olive Ave,
West Palm beach, FL 33401
Tel: 561-832-3757 Fax: 561-659-1465
Email: info@sacwpb.org

Date: ____/____/____

FAMILY LAST NAME:

Street Address:

Apt. Number:

City/State:

Zip Code:

Cell 1: (____) - ____ - ____ Listed Unlisted

Cell 2: (____) - ____ - ____ Listed Unlisted

Martial Status (circle one):

Single (not married) Widowed Seperated Divorced Civil Catholic Marriage Non-Catholic Marriage Fecha de Matrimonio ____/____/____

*Thank you for providing you family information as it helps us serve you better. Your information is handles with strictest confidence. Your name, address and listed number is the only information provided to parish representatives. **If you do not wish to be contacted by anyone on a Parish Committee, by phone, please indicate by check mark in the phone box "unlisted". Please note it is important to keep your family information updated.** If an emergency were ever to occur, the information is available to our Priest, who may need to contact you or your loved ones. Included in this welcome packet is a Parish Handbook with information about ministry opportunities for you and a Stewardship Brochure.*

Are you a St. Ann School enrolled family: _____

CIRCLE ONE: ¿ Would you like to have Envelopes or use Faith Direct (electronic giving)?

HEAD OF HOUSHOLD

Last Name:			
First Name:			
Date of Birth:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Email:			
Language:		Occupation:	
Sacramental Information			
<input type="checkbox"/> Baptism	<input type="checkbox"/> Catholic		
<input type="checkbox"/> 1st Communion	<input type="checkbox"/> Non-Catholic		
<input type="checkbox"/> Confirmation	<input type="checkbox"/> Reconciliation		

SPOUSE

Last Name:			
First Name:			
Date of Birth:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Email:			
Language:		Occupation:	
Sacramental Information			
<input type="checkbox"/> Baptism	<input type="checkbox"/> Catholic		
<input type="checkbox"/> 1st Communion	<input type="checkbox"/> Non-Catholic		
<input type="checkbox"/> Confirmation	<input type="checkbox"/> Reconciliation		

Children	<u>Child/Dependent LIVING IN YOUR HOUSEHOLD</u>	<u>Child/Dependent LIVING IN YOUR HOUSEHOLD</u>	<u>Child/Dependent LIVING IN YOUR HOUSEHOLD</u>	<u>Child/Dependent LIVING IN YOUR HOUSEHOLD</u>	<u>Child/Dependent LIVING IN YOUR HOUSEHOLD</u>
Full Name :	_____	_____	_____	_____	_____
Date of Birth: (Mon/Day/Year)	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Gender	M F	M F	M F	M F	M F
Sacramental Information:	<input type="checkbox"/> Baptism <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Baptism <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation