

# NEW PARISHIONER REGISTRATION FORM

*St. Scholastica Parish*  
7800 Janes Avenue  
Woodridge, IL 60517-3520  
630.985.2351

OFFICE USE:  
-ENV ID# \_\_\_\_\_  
-OSV \_\_\_\_\_  
-DIOC \_\_\_\_\_  
-LTR \_\_\_\_\_  
-WelCom \_\_\_\_\_

DATE: \_\_\_\_\_ TITLE (Please circle): MR. MISS MR./MRS. MRS. MS. DR. OTHER: \_\_\_\_\_

FAMILY LAST NAME: \_\_\_\_\_ FIRST NAME/HEAD OF HOUSEHOLD: \_\_\_\_\_

RELIGION: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SEX (Please circle) MALE FEMALE BIRTH DATE: \_\_\_\_\_ BAPTISM DATE: \_\_\_\_\_ CONFIRMATION DATE: \_\_\_\_\_

MARITAL STATUS (Please circle): Married by a priest/Church Married by a minister, etc. Single Engaged Divorced Separated Widow/er

SPOUSE NAME, if applicable: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_ DATE OF MARRIAGE: \_\_\_\_\_

RELIGION: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SEX (Please circle) MALE FEMALE BIRTH DATE: \_\_\_\_\_ BAPTISM DATE: \_\_\_\_\_ CONFIRMATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ P.O. BOX \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONES HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ SPOUSE EMAIL: \_\_\_\_\_

CHURCH ATTENDANCE (Please circle): Regular Frequent Occasional Seldom

## CHILDREN INFORMATION:

1-NAME OF CHILD (include Last Name if different from above): \_\_\_\_\_ SEX (Please circle) MALE FEMALE BIRTH DATE: \_\_\_\_\_  
DATE OF SACRAMENT - BAPTISM : \_\_\_\_\_ PENANCE: \_\_\_\_\_ FIRST COMMUNION: \_\_\_\_\_ CONFIRMATION: \_\_\_\_\_

2-NAME OF CHILD (include Last Name if different from above): \_\_\_\_\_ SEX (Please circle) MALE FEMALE BIRTH DATE: \_\_\_\_\_  
DATE OF SACRAMENT - BAPTISM : \_\_\_\_\_ PENANCE: \_\_\_\_\_ FIRST COMMUNION: \_\_\_\_\_ CONFIRMATION: \_\_\_\_\_

3-NAME OF CHILD (include Last Name if different from above): \_\_\_\_\_ SEX (Please circle) MALE FEMALE BIRTH DATE: \_\_\_\_\_  
DATE OF SACRAMENT - BAPTISM : \_\_\_\_\_ PENANCE: \_\_\_\_\_ FIRST COMMUNION: \_\_\_\_\_ CONFIRMATION: \_\_\_\_\_

4-NAME OF CHILD (include Last Name if different from above): \_\_\_\_\_ SEX (Please circle) MALE FEMALE BIRTH DATE: \_\_\_\_\_  
DATE OF SACRAMENT - BAPTISM : \_\_\_\_\_ PENANCE: \_\_\_\_\_ FIRST COMMUNION: \_\_\_\_\_ CONFIRMATION: \_\_\_\_\_

\*\*IF MORE THAN 4 CHILDREN PLEASE CHECK HERE \_\_\_\_\_ USE BACKSIDE TO INCLUDE ALL INFORMATION LISTED ABOVE FOR EACH ADDITIONAL CHILD