

PARISH REGISTRATION FORM

CHRIST THE KING CATHOLIC CHURCH
3423 ROJO STREET, CORPUS CHRISTI, TX 78415
TEL: 361-883-2821

Office Use only Envelope # _____ Entered OSV date _____ Entered PDS date _____
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Please Print clearly

Today's date: _____

HEAD OF HOUSEHOLD

Last Name _____ First Name _____ Middle _____

Title Mr. Mrs. Ms. Dr. **Suffix:** Sr. Jr. II III IV

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) ____ - ____ +unlisted Cell Phone (____) ____ - ____

Personal e-mail _____ Maiden Name (if Applicable) _____

Religion _____ Gender: + Male + Female Date of Birth ____/____/____

First language: + English + Spanish **If other** please state language _____

Marital Status: Single Catholic Marriage Civil Marriage Divorced Widowed

Circle the Sacrament(s) received:

Baptism 1st Communion 1st Reconciliation Confirmation Sacramental Marriage

WOULD YOU LIKE TO RECEIVE ENVELOPES FOR YOUR SUNDAY OFFERINGS? YES <input type="checkbox"/> NO <input type="checkbox"/> The envelopes are sent directly to your address.. FREE at no cost to you.

Mailing Address (only complete if different to above address)
Street Address _____
City _____ State _____ Zip _____

SPOUSE

Last Name _____ First Name _____ Middle _____

Title Mr. Mrs. Ms. Dr. **Suffix:** Sr. Jr. II III IV

Personal e-mail _____ Maiden Name (if Applicable) _____

Home Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Religion _____ Gender: + Male +Female Date of Birth ____/____/____

Marital Status: Single Catholic Marriage Civil Marriage Divorced Widowed

Circle the Sacrament(s) received:

Baptism 1st Communion 1st Reconciliation Confirmation Sacramental Marriage

PLEASE COMPLETE THE OTHER SIDE FOR DEPENDENTS

Dependents

Last Name _____ First Name _____ Middle _____

Suffix: Sr. Jr. II III IV

Relation to Head of Household: +child +stepchild +grandchild +niece +nephew +other: _____

Religion _____ Gender: + Male +Female Date of Birth ____/____/____

Grade _____ School _____

Circle the Sacrament(s) received:

Baptism 1st Communion 1st Reconciliation Confirmation Sacramental Marriage

Dependents

Last Name _____ First Name _____ Middle _____

Suffix: Sr. Jr. II III IV

Relation to Head of Household: +child +stepchild +grandchild +niece +nephew +other: _____

Religion _____ Gender: + Male +Female Date of Birth ____/____/____

Grade _____ School _____

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Relation to Head of Household: +child +stepchild +grandchild +niece +nephew +other: _____

Religion _____ Gender: + Male +Female Date of Birth ____/____/____

Grade _____ School _____

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