



ST. ELIZABETH ANN SETON PARISH – MEMBER REGISTRATION FORM

240 South 6th Street, Richmond, IN-47374 | Ph: 765-962-3902 | Fax: 765-966-0820 | www.setoncatholics.org

ENVELOPE/ID:

Last Name of Family: _____ Head of Household: _____ Spouse: _____
Address: _____ Language: _____
Phone: _____ Email: _____ Marital Status: ☐[Sing] ☐[Mar] ☐[Wid] ☐[Div]

MEMBER INFORMATION (ADULT)

NAME: FIRST–MIDDLE–LAST	SEX	BIRTH DATE	OCCUPATION	EMPLOYER	WORK PHONE
<u>1</u>					
<u>2</u>					

MEMBER INFORMATION (CHILDREN)

NAME: FIRST–MIDDLE–LAST	SEX	BIRTH DATE	SCHOOL/COLLEGE	GRADE/YEAR
<u>1</u>				
<u>2</u>				
<u>3</u>				
<u>4</u>				
<u>5</u>				
<u>6</u>				
<u>7</u>				

SACRAMENT INFORMATION

[Give approximate date/year/place of sacraments received]

FIRST NAME OF MEMBER	BAPTISM	WHERE BAPTISED	RELIGION	HOLY COMMUNION	CONFIRMATION	MARRIAGE
<u>1</u>						
<u>2</u>						
<u>3</u>						
<u>4</u>						
<u>5</u>						
<u>6</u>						
<u>7</u>						
<u>8</u>						
<u>9</u>						

Signed: _____ Date: _____ Sign up for online giving? _____ Enroll your children in Rel. Ed? _____

Enroll your kids at Seton Schools? _____ Your Former Parish: _____

Would you like to serve our parish? Lector ☐ Communion Minister ☐ Server ☐ Adoration ☐ Youth Ministry ☐ Rel. Ed ☐ Volunteer ☐ Other ☐