

CHURCH OF CORPUS CHRISTI

REGISTRATION FORM

1919 North Second Street
Bismarck, ND 58501-1799

Phone: 255-4600 Fax: 255-4616 E-mail: info@corpus-christi.org

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Family Surname:	Maiden (if applicable):	First:	Middle Initial:
Address:		City:	State:	Zip:
Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>			Date of Marriage:	
Birthdate:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Catholic <input type="checkbox"/>	Non-Catholic <input type="checkbox"/>
Phone:	E-mail:	Occupation:		
Place of Employment:			Work Phone:	
Previous Parish:			City/State:	

Surname (spouse) (if different):	Maiden (if applicable):	First:	Middle Initial:
Birthdate:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/>
Phone:	E-mail:	Occupation:	
Place of Employment:		Work Phone:	

Dependent Children:

Child's Last Name (if different):	First:	Middle:
Birthdate:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/>
Grade:	School:	
Sacraments Received:	Baptism: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
	First Communion: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
	Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	

Child's Last Name (if different):	First:	Middle:
Birthdate:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/>
Grade:	School:	
Sacraments Received:	Baptism: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
	First Communion: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
	Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	

**If you need more space,
please use back.**

Office Use Only	
Date Received:	Date Entered:
Letter Sent:	Envelope #:

Dependent Children:

Child's Last Name (if different):		First:		Middle:	
Birthdate:		Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Catholic <input type="checkbox"/>	Non-Catholic <input type="checkbox"/>
Grade:	School:				
Sacraments Received:	Baptism:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	
	First Communion:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	
	Confirmation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	

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Birthdate:		Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Catholic <input type="checkbox"/>	Non-Catholic <input type="checkbox"/>
Grade:	School:				
Sacraments Received:	Baptism:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	
	First Communion:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	
	Confirmation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	

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Birthdate:		Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Catholic <input type="checkbox"/>	Non-Catholic <input type="checkbox"/>
Grade:	School:				
Sacraments Received:	Baptism:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	
	First Communion:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	
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	Confirmation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	