



St. Boniface Catholic Church

New Parishioner Registration Form

Or

Updated Parishioner Information Form

FAMILY NAME _____ TODAY'S DATE _____

ADDRESS _____ HOME PHONE _____

CITY _____ ZIP _____ CELL PHONE _____

EMAIL ADDRESS _____ MAY WE TEXT YOU? _____ YES _____ NO

Previous Parish _____ City/State _____

Head(s) of Household

First Name (Nickname)	Last Name	Sex (M/F)	Date of Birth	Religion	Baptism Year	Occupation/ Place of Employment	Business Phone

Marital Status: _____ Married _____ Single _____ Widow _____ Divorced _____ Engaged

Catholic Marriage? ___ Yes ___ No Date of Marriage: _____ Maiden Name _____

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Adult Children (Living away from home)

First Name Name	Last	Sex (M/F)	Date of Birth

OFFICE USE ONLY	
Envelope #	
EX	ACSA/CT
PC	WP
OSV	BUL

Children Living at Home

First Name (Nickname)	Last Name	Sex (M/F)	Date of Birth	Religion	Baptism Year	School	Grade

What led you to St. Boniface? _____

Do you have any questions about the parish? _____

Would you prefer to make your contribution through envelopes _____ or electronic giving _____?