

ALL SAINTS PARISH REGISTRATION
1342 Lancaster Ave., Syracuse, NY 13210
315-472-9934 x4

TODAY'S DATE: _____

1. LAST NAME _____ FIRST NAME _____ INITIAL _____ MR MRS MISS MS DR
2. SPOUSE/PARTNER LAST NAME _____ FIRST NAME _____ INITIAL _____ MR MRS MISS MS DR
3. OTHER ADULT LAST NAME _____ FIRST NAME _____ INITIAL _____ MR MRS MISS MS DR
4. OTHER ADULT LAST NAME _____ FIRST NAME _____ INITIAL _____ MR MRS MISS MS DR

RESIDENCE ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS, if different _____ CITY _____ ZIP _____

Would you like to receive envelopes? YES NO

HOME PHONE: _____ CELL #1 _____ CELL #2 _____ CELL #3 _____ CELL #4 _____
Email #1 _____ Email #2 _____ Email #3 _____ Email #4 _____

MARITAL STATUS: MARRIED SINGLE WIDOWED SEPARATED DIVORCED

If you were married outside the church would you like to have your marriage blessed? YES NO

Please indicate any special needs of anyone in your family, for example, accessibility, homebound, caretaker issues, bereavement:

Please also complete information on back side.

ADDITIONAL INFORMATION

	Adult 1	Adult 2	Adult 3	Adult 4	Child 1	Child 2	Child 3	Child 4
Last Name								
First Name								
Religion								
Primary Lang.								
Second Lang.								
Occupation F=fulltime, P=Part-time, R=Retired, S=Student Circle those that apply.	F P R S	F P R S	F P R S	F P R S				
Name of School Attending								
Grade								
Date of Birth Age and M/D/Y								

Please circle YES or NO (below) to indicate if these sacraments have been received by each adult and/or child.

Baptized	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
First Communion	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Confirmation	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Marriage	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Presently receiving Faith Formation					YES/NO	YES/NO	YES/NO	YES/NO

