



**St Anna's Catholic Church**  
 836 East Spring St., Monroe, GA 30655 Ph: 770-267-7637  
 Parish Family Registration

FOR OFFICE USE ONLY Reg. Date: _____ Env. No: _____
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Mailing Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell: \_\_\_\_\_ Family Email: \_\_\_\_\_

Previous Parish: \_\_\_\_\_ City & State: \_\_\_\_\_

**NOTE:** Please check all you wish to be used for church publications: Photos \_\_\_ Phone \_\_\_ Address \_\_\_ e-mail \_\_\_

Couple/Head or Household Information:

Marital Status: Married \_\_\_ Divorce \_\_\_ Widow \_\_\_ Single \_\_\_ Married by Priest/Deacon: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_ Place: \_\_\_\_\_ Primary Language (other than English) \_\_\_\_\_

Husband Name: _____	Wife Name: _____ Maiden _____
Religion: _____ DOB: _____	Religion: _____ DOB: _____
Baptized? _____ Religion? _____	Baptized? _____ Religion? _____
Confirmed? _____ RCIA? _____	Confirmed? _____ RCIA? _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Ph: _____ Cell: _____	Work Ph: _____ Cell: _____
Email: _____	Email: _____

**NOTE:** My child/children's pictures(s) can be used for church publications: Yes \_\_\_\_\_ No \_\_\_\_\_

**Child Name:** \_\_\_\_\_ **Nick Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex** \_\_\_\_\_

Special Needs: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School \_\_\_\_\_

Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Reconciliation? \_\_\_\_\_ Date: \_\_\_\_\_

Eucharist: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmation? \_\_\_\_\_ Date: \_\_\_\_\_

**Child Name:** \_\_\_\_\_ **Nick Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex** \_\_\_\_\_

Special Needs: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School \_\_\_\_\_

Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Reconciliation? \_\_\_\_\_ Date: \_\_\_\_\_

Eucharist: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmation? \_\_\_\_\_ Date: \_\_\_\_\_

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Special Needs: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School \_\_\_\_\_

Baptism: \_\_\_\_\_ Date: \_\_\_\_\_ Reconciliation? \_\_\_\_\_ Date: \_\_\_\_\_

Eucharist: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmation? \_\_\_\_\_ Date: \_\_\_\_\_

*If you have more than 5 children, please complete another form with the names of the other child/children*