

St. Helen Catholic Church
 Hebron, Indiana
 Membership Registration Form

Date: _____

Last Name	First Name	Middle (no initials)	Maiden (if applicable)
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Address	City	Zip	Home Phone
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Occupation	Employer	Work/Cell Phone
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Email _____

BIRTH DATA

Date of Birth _____ City and State of Birth _____

Father's Full Name _____

Last Name	First Name	Middle (no initials)
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Mother's Full Name _____

(Include Maiden)

Last Name	First Name	Middle (no initials)	Maiden
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SACRAMENTAL DATA (Please provide a copy of Sacrament certificates, regardless of religious affiliation)

SACRAMENT	DATE/DENOMINATION	NAME / ADDRESS OF CHURCH
Baptism		
Eucharist		
Confirmation		
Marriage		

MARRIAGE DATA (Please provide a copy of marriage certificate)

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Spouse/Fiancé: _____

Last Name	First	Middle	Maiden (if applicable)
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Church of Marriage _____ Date of Marriage _____

Address _____ City _____ ST _____ Zip _____

Spouse's Religious Affiliation _____

If currently married, have you been previously married (in civil or church ceremony)? _____ Yes _____ No _____

If applicable, please indicate how that marriage was resolved (i.e., divorced, annulled, etc.) _____

Has your current spouse/fiancé been previously married (in civil or church ceremony)? _____ Yes _____ No _____

If so, please indicate how that marriage was resolved (i.e., divorced, annulled, etc.) _____

CHILDREN

	Last Name	First	Middle	Birthdate
Date of Baptism				
Date of First Communion				
Date of Confirmation				

	Last Name	First	Middle	Birthdate
Date of Baptism				
Date of First Communion				
Date of Confirmation				

	Last Name	First	Middle	Birthdate
Date of Baptism				
Date of First Communion				
Date of Confirmation				

	Last Name	First	Middle	Birthdate
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Date of Confirmation				

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Date of Confirmation				