

REGISTRATION FORM

ALL SAINTS CATHOLIC CHURCH – Diocese of Charleston

Mailing Address – P.O. Box 5443
 Lake Wylie, SC 29710 (803) 831-9095
 Email: allsaintsparish@bellsouth.net

This church is administered by the Rock Hill Oratory
Please return to the office, or drop into the collection basket.

For office use only

Envelope Number

Today's Date _____ What city are you moving from _____

Mr. / Mrs. / Ms. _____ Spouse _____
First *Middle* *Last*

Street Address _____ P.O. Box _____

City _____ State _____ Zip Code _____ Subdivision/Neighborhood _____

Home Phone _____ Cell Phone _____ E-mail _____

Marital Status () Single () Married, date: _____ () Widowed () Divorced

	Household Head (M) (F)	Spouse (M) (F)	Child (M) (F)	Child (M) (F)	Child (M) (F)	Child (M) (F)
First Name						
Middle Name						
Last Name						
Religion						
Occupation or School						
Birth Date						
Baptism Date						
Church						
City/State						
First Communion						
Confirmation						

Do you wish to receive church offering envelopes? () Yes () No

If you do not wish to be contacted by parish organizations, please check here: _____