

# REGISTRATION FORM

**ALL SAINTS CATHOLIC CHURCH** – Diocese of Charleston

530 Highway 274  
 Lake Wylie, SC 29710 (803) 831-9095  
 Email: [allsaintsparishlakewylie@gmail.com](mailto:allsaintsparishlakewylie@gmail.com)

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: \_\_\_\_\_