

# Christ the King Parish Registration Form

Last Name(s) \_\_\_\_\_ Address \_\_\_\_\_

Registration date \_\_\_\_/\_\_\_\_/\_\_\_\_ ID# \_\_\_\_\_  
Parish use only

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Other Seasonal Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Main Contact Phone # \_\_\_\_\_ Main contact E-mail \_\_\_\_\_

*Please complete all that applies on both sides, thank you!*

	Adult	Adult
<b>First Name &amp; Title</b> (Mr & Mrs, Dr & Mrs etc.)		
<b>Last Name +</b> (Female Maiden Name)		
<b>Marital Status</b> (single, married, divorced, widowed, second marriage)		
<b>Religion</b>		
<b>Disability</b>		
<b>Language Spoken</b>		
<b>Occupation</b>		
<b>Birth Date</b> (month-day-year)		
<b>Gender</b>		
<b>Personal Cell Phone#</b>		
<b>Personal Email address</b>		
<b>Highest Grade/Degree</b>		

## Sacraments Received; Please list the Church name, City-State & country

<b>Baptism</b> Church name, & approximate year		
Baptism City/State/ country		
<b>First Communion</b>		
<b>Confirmation</b>		
<b>Marriage</b>		
Was marriage Catholic witnessed by a Priest? Yes/No		

## CONTRIBUTION INFORMATION

Do you prefer to make your contributions to support the Parish with **Monthly Envelopes** \_\_\_\_\_ **Weekly Envelopes** \_\_\_\_\_  
**or Automatic Direct Debit\* ?** \_\_\_\_\_

\*Automatic Direct Debit is a service to deduct your contribution from your savings or checking account on the 15<sup>th</sup> or 30<sup>th</sup> of each month, or you may split your contribution into a withdrawal on the 15<sup>th</sup> and 30<sup>th</sup>. We will send you an authorization form, if you choose this option. Any questions, call the Parish Center 309-762-4634.

**Family Information** *(List only children or adults living in your home. Independent adult children should register separately)*

	Name	Name	Name	Name	Name
First Name					
Last Name					
Birth Date (month-day-year)					
Gender					
Religion					
Disability					
Language Spoken					
School					
Highest Grade/Degree					
Marital Status					
Occupation					

**Sacraments Received, please give church name, city-State, and approximate year**

<b>Baptism</b> <i>(Church name &amp; year)</i>					
<i>Baptism city/state/country</i>					
<b>First Communion</b>					
<b>Confirmation</b>					
<b>Marriage</b>					
<i>Catholic, witnessed by a Priest? Yes/No</i>					

*(If you need space for additional people, use a separate piece of paper)*

**Other Information and Comments**

Are you new to this area?-----Why did you decide to join our parish? \_\_\_\_\_

Do you have relatives or friends that belong to Christ the King? (please list names) \_\_\_\_\_

Are you interested in ministering at Mass, (Eucharistic Minister, Lector, Usher, Cross Bearer, Altar Server)? \_\_\_\_\_

Are you interested in serving on a committee for special events at the parish? May we call you? \_\_\_\_\_

Comments/special needs: \_\_\_\_\_

**You may turn this form into the parish by dropping it in the collection basket at mass, or you can stop in or mail it to the Parish office in the Believers Together Building at: 3209 60th Street, Moline, IL 61265**