

CHRIST THE KING CATHOLIC CHURCH  
52473 SR 933  
SOUTH BEND, IN 46637  
574-272-3113 Fax 574-273-6702

PLEASE PRINT

Please circle how you wish your envelopes to be addressed:  
CIRCLE ONE: MR. MRS. MS. MR. & MRS.  
MISS DR. DR/DR MR/DR

Date: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

HEAD OF HOUSEHOLD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State ZIP

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ RELIGION: \_\_\_\_\_ PREVIOUS PARISH: \_\_\_\_\_

MARITAL STATUS: MARRIED: \_\_\_\_\_ DATE OF MARRIAGE: \_\_\_/\_\_\_/\_\_\_ MARRIED BY A PRIEST: \_\_\_\_\_  
SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPARATED: \_\_\_\_\_ WIDOWED: \_\_\_\_\_

PLEASE GIVE YEAR OF BAPTISM: \_\_\_\_\_ FIRST COMMUNION: \_\_\_\_\_ CONFIRMATION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

HIGHEST GRADE COMPLETED: \_\_\_\_\_ PRIMARY/SECONDARY LANGUAGE: \_\_\_\_\_

\* \* \* \* \*

SPOUSE'S NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ RELIGION: \_\_\_\_\_ PREVIOUS PARISH: \_\_\_\_\_

MARITAL STATUS: MARRIED: \_\_\_\_\_ DATE OF MARRIAGE: \_\_\_/\_\_\_/\_\_\_ MARRIED BY A PRIEST: \_\_\_\_\_  
SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPARATED: \_\_\_\_\_ WIDOWED: \_\_\_\_\_

PLEASE GIVE YEAR OF BAPTISM: \_\_\_\_\_ FIRST COMMUNION: \_\_\_\_\_ CONFIRMATION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

HIGHEST GRADE COMPLETED: \_\_\_\_\_ PRIMARY/SECONDARY LANGUAGE: \_\_\_\_\_

(PLEASE FILL OUT INFORMATION ON CHILDREN LIVING AT HOME ONLY)

NAME OF CHILD:	_____	_____	_____
SEX OF CHILD:	_____	_____	_____
DATE OF BIRTH:	_____	_____	_____
BAPTISM:	_____	_____	_____
FIRST COMMUNION:	_____	_____	_____
CONFIRMATION:	_____	_____	_____
SCHOOL:	_____	_____	_____
GRADE:	_____	_____	_____

Special Notations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_