

ST. ADALBERT CHURCH
PHILADELPHIA, PA.

PARISH REGISTRATION FORM

FAMILY NAME _____

1. **Name - Husband's** _____

Date of Birth _____ **Occupation** _____

Religion _____ **Do you practice your faith? YES** ____ **NO** ____

2. **Name - Wife's**
(First & Maiden) _____

Date of Birth _____ **Occupation** _____

Religion _____ **Do you practice your faith? YES** ____ **NO** ____

Single [] **Married** [] **Invalid Marriage** [] **Separated** []

Widowed [] **Divorced** [] **Divorced/Remarried** [] **Non-Convallid** []

ADDRESS: _____

TELEPHONE NO.: _____

CHILDREN:

Name	Date of Birth	Baptized	Name of School & Grade
1. _____	_____	Y [] N []	_____
2. _____	_____	Y [] N []	_____
3. _____	_____	Y [] N []	_____
4. _____	_____	Y [] N []	_____

To which parish did you belong before joining us? _____

SACRAMENTS NEEDED: _____

REMARKS: _____

DATE: _____ **Priest:** _____ **Secretary** _____

ENVELOPE NUMBER: _____ **DUES:** _____