St. Elizabeth Ann Seton Parish

Parishioner Record Update Form

OFFICE USE ONLY:
Date _____ PDS____ CA____ OSV____
Stewardship Packet____
16-Jul-24

By registering in our parish, you agree to live a Stewardship way of life. That includes a commitment of Time, Talent, & Treasure.

Family Last Name:_____ Family E-Mail: _____

Household Title (circle one): Mr. & Mrs. Dr. & Mrs. Mr. Mrs. Miss Ms. Dr. Other: **Signature**: _____

Address:_____ City, State:_____ Zip:_____ Home Phone:_____
Unlisted: Yes □ No □

Married in Catholic Church? Yes □ No □ Date of Marriage: ____/____/____

Place of Marriage: _____City/State:_____

Head Last Name: _____ First Name_____ Maiden Name: _____Date of Birth: ____/____/____
Title: Dr. □ Mr. □ Mrs. □ Ms.□

Employer:_____ **Occupation**:_____ **Cell Phone:** _____**E-Mail:**_____

Baptized: Yes □ No □ Religion**:** _____ **Confirmed:** Yes □ No □ **Marital Status**: Single □ Married □ Separated □ Divorced □ Widowed

Virtus Trained: Yes □ No □ Unknown □

Spouse Last Name: _____ First Name_____ Maiden Name: _____Date of Birth: ____/____/____
Title: Dr. □ Mr. □ Mrs. □ Ms.□

Employer:_____ **Occupation**:_____ **Cell Phone:** _____**E-Mail:**_____

Baptized: Yes □ No □ Religion**:** _____ **Confirmed:** Yes □ No □ **Marital Status**: Single □ Married □ Separated □ Divorced □ Widowed

Virtus Trained: Yes □ No □ Unknown □

Names of Children living at home (if additional space is needed, please use back of form): ***Parish registration does not guarantee entrance into the Catholic School System.**

Last Name	First Name	Gender M / F	Birth Date MM/DD/YYYY	Church of Baptism City/State	Confirmation Y / N	Grade	School

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