St. Elizabeth of Hungary Church
1879 N. Lake Ave., Altadena, CA 91001 - Tel. (626) 797-1167

Registration Form

Date_____

Last Name **First**	**Spouse Last Name** **First**
[ ] Male. [ ] Dr. [ ] Mr. [ ] Female [ ] Mrs. [ ] Ms. **Date of Birth** _____/_____/_____	[ ] Male. [ ] Dr. [ ] Mr. [ ] Female [ ] Mrs. [ ] Ms. **Date of Birth** _____/_____/_____
Cell Phone	**Cell Phone**
Home Phone	**Home Phone**
Work Phone	**Work Phone**
Email	**Email**
Occupation	**Occupation**
Religion	**Religion**
Sacraments Received: [ ] Baptism [ ] First Communion [ ] Confirmation [ ] Catholic Marriage	**Sacraments Received:** [ ] Baptism [ ] First Communion [ ] Confirmation [ ] Catholic Marriage

Address **City** **Zip Code**

Marital Status [ ] Single [ ] Married [ ] Divorced [ ] Separated [ ] Widowed

Language **Ethnicity**

Support of Church:

[ ] I would like envelopes for ___ weekly donations
___ monthly donations

[ ] I would like to contribute electronically (http://saintelizabethchurch.org/giving/)

[ ] Other

Special Needs/Interests/Expectations

Others living in the home

Name **Relationship** _____ _____ Date of Birth _____/_____/_____ [ ] Male [ ] Female **Sacraments Received:** [ ] Baptism [ ] First Communion [ ] Confirmation [ ] Catholic Marriage	**Name** **Relationship** _____ _____ Date of Birth _____/_____/_____ [ ] Male [ ] Female **Sacraments Received:** [ ] Baptism [ ] First Communion [ ] Confirmation [ ] Catholic Marriage
Name **Relationship** _____ _____ Date of Birth _____/_____/_____ [ ] Male [ ] Female **Sacraments Received:** [ ] Baptism [ ] First Communion [ ] Confirmation [ ] Catholic Marriage	**Name** **Relationship** _____ _____ Date of Birth _____/_____/_____ [ ] Male [ ] Female **Sacraments Received:** [ ] Baptism [ ] First Communion [ ] Confirmation [ ] Catholic Marriage

Parish Office Date

Received by _____ _____/_____/_____

Processed by _____ _____/_____/_____