

NEW PARISHIONER REGISTRATION FORM

Parish of the Assumption, Dover, NH

Today's Date _____

Please check this box if
you wish to receive
offering envelopes:

☐

Family Last Name _____

Head of Household _____

Address _____

City/State/Zip _____

Mailing Address, if different _____

If you're a snowbird, the dates you're away _____

Winter Address _____

Email Address _____ Phone(____) _____

Cell(____) _____

Please register everyone living in your home, even if they are not Catholic.

If anyone is differently challenged, a shut-in, or has special needs, please so indicate.

	Head of Household	Spouse	Other Adult
Last Name			
First Name			
Maiden Name			
Date of Birth			
Marital Status			
Religious Denomination			
Baptized Catholic or other Christian Denomination?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Eucharist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Married by a Priest?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Talents you'd like to share/ Ministries or Committees of interest			
Special Needs			

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	Child 1 Male Female	Child 2 Male Female
Last Name		
First Name		
Date of Birth		
Religious Denomination		
Baptized?	Date:	Date:
	Church:	Church:
First Reconciliation?	Date:	Date:
	Church:	Church:
First Eucharist?	Date:	Date:
	Church:	Church:
Confirmed?	Date:	Date:
	Church:	Church:
Special Needs		

Please note:

If you intend to send a child to a Catholic School, the Diocesan policy states that you:

- 1) Attend Mass regularly;
- 2) Support your Church on a regular basis by using contribution envelopes;
- 3) Be registered for one year in the Parish.

	Child 3 Male Female	Child 4 Male Female
First Name		
Last Name		
Date of Birth		
Religious Denomination		
Baptized?	Date:	Date:
	Church:	Church:
First Reconciliation?	Date:	Date:
	Church:	Church:
First Eucharist?	Date:	Date:
	Church:	Church:
Confirmed?	Date:	Date:
	Church:	Church:
Special Needs		