

St. Elizabeth Ann Seton Church

Parish Registration Form

Parish Registration Form Last Name Only-Please Print amily Last Name treet Address					Mr. Cell Phone		Mrs. Cell Phone												
					Mr. Work			Mrs. Work											
					E-Mail Mr														
										ity and Zip						SS			
Mailing Address (If Different from above)					Months spent away each yr to Please Circle Y or N														
First Name Middle Initial	Single Married Widow Separated Divorced	Sex M F	Date of Birth M/D/Yr	Catholic Non-Catholi	Baptized Yes C No	1st Communion Yes No	Confirmed Yes No	Mass Attend Weekly Monthly Seldom	Language Spoken at Home										
					Y/N	Y/N	Y/N												
						-													
					Y/N	Y/N	Y/N												
Narried at: Catholic Churc	ch Ortho	dox Chu	rch Protes	stant Church	Court Ho	use D	ate of Marri	age:											
lame of Church or Court House of your Wedding:					City				State										
rependent Children Living a irst Name Last Na																			
					Y/N	Y/N	Y/N												
					Y/N	Y/N	Y/N												
					Y/N	Y/N	Y/N												
					Y/N	Y/N	Y/N												
					Y/N	Y/N	Y/N												
					Y/N	Y/N	Y/N												
usband's Occupation					Wife's Occupation														
or Office Use Only Envelope/ID #: PDS:			ос	N:	OSV: _		EVA:	· · · · · · · · · · · · · · · · · · ·											

Home Phone _____

Date Registered: _____

Catholic Life Every Day

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Messages

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Calendar

Events, Locations, RSVP



Readings

Daily Readings from USCCB



Prayers

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Bulletin

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Stewardship

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Go to www.seseton.com and click on the button (WeShare/Online Giving). If you need help, please call the office 464-1624 or email at parishoffice@seseton.com



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