



Church  
of the  
Assumption

AssumptionAnsonia.org

# Parishioner Registration Form

Date Received: \_\_\_/\_\_\_/\_\_\_  
Date Recorded: \_\_\_/\_\_\_/\_\_\_  
Parish ID Number \_\_\_\_\_

## Household Information

Family Last Name			
Title	[ ] Mr. and Mrs. [ ] Mr. [ ] Mrs. [ ] Miss [ ] Ms. [ ] Other _____		
Address			Apt No.
City, State, Zip			
Home Phone #	E-mail address		

## Adults in the Household

Full Name			
Date of Birth	Religion		
Employment Status	[ ] Full Time [ ] Part Time [ ] Unemployed [ ] Retired		
Occupation Title			
Name of Business			
Street Address			
City, State, Zip			
Health Problems			
Spouse's Name			
Date of Birth	Religion		
Employment Status	[ ] Full Time [ ] Part Time [ ] Unemployed [ ] Retired		
Occupation Title			
Name of Business			
Street Address			
City, State, Zip			
Health Problems			
Marital Status	[ ] Married [ ] Single [ ] Divorced [ ] Divorced, Remarried [ ] Separated [ ] Widowed		
If married, were you married by a priest?	[ ] Yes [ ] No		
If not, would you like to be?	[ ] Yes [ ] No		

## Children

Please list those children who are pre-school, attending school or college, in the service.

Name	Date of Birth	Name of School/College/Service	Grade

Health Problems: Name of Child \_\_\_\_\_ Nature of Problem \_\_\_\_\_

Any child living at home who earns his/her own living is asked to fill out a separate form.

Since the Church of the Assumption is a Stewardship Parish:

- o Weekly Offertory envelopes will be sent to you. We ask that you contribute 5% of your weekly income each week. Please fill out and return the enclosed intention card with this form.
- o A Stewardship Form is enclosed. We ask that you fill out this form and return it with this Registration Form.

Anyone else living in the household and not covered by this form is asked to fill out a separate form.

Couples living together who are not married should each fill out a separate form.

Please write on the other side of this form any other information you think that we should know.

**ALL INFORMATION IS STRICTLY CONFIDENTIAL.**

Revised: September 22, 2008

61 North Cliff Street  
Ansonia, CT 06401

203.735.7857

Fax  
203.734.8302

E-mail  
[chofaspt@aol.com](mailto:chofaspt@aol.com)