



Transfiguration Parish Registration Form

OFFICE USE ONLY		Revised 05/14 CZ
Date _____	ID _____	PDS PS PSAPP
Head _____		PSGAB GAB WP

Family Information

Family Last Name _____ Primary language(s) spoken at home _____ Email _____

Address _____ City, State _____ Zip _____ Primary Phone _____ Unlisted: Yes No

Emergency Contact _____ Phone _____ Relationship _____

Would you like to subscribe to *The Georgia Bulletin* newspaper? Yes No

Member Information

Adult 1 Last Name _____ First Name _____ Maiden Name _____ Title: Dr. Mr. Mrs. Ms.
 Occupation _____ Work Phone _____ Cell Phone _____

Adult 2 Last Name _____ First Name _____ Maiden Name _____ Title: Dr. Mr. Mrs. Ms.
 Occupation _____ Work Phone _____ Cell Phone _____

Adult 3 Last Name _____ First Name _____ Maiden Name _____ Title: Dr. Mr. Mrs. Ms.
 Occupation _____ Work Phone _____ Cell Phone _____

Child 1 Last Name _____ First Name _____ Grade _____

Child 2 Last Name _____ First Name _____ Grade _____

Child 3 Last Name _____ First Name _____ Grade _____

Child 4 Last Name _____ First Name _____ Grade _____

If registering during the summer, use the grade for the upcoming year.

	First Name	Gender Male Female	Date of Birth MM / DD / YYYY	Marital Status Single Married Separated Divorced Widowed	Religion	Sacraments					
						Check (✓) the sacraments each person has received through the Catholic Church.					
						Baptism	Reconciliation (Confession)	First Communion	Confirmation	Marriage (include date)	Profession of Faith (for converts)
Adult 1											
Adult 2											
Adult 3											
Child 1											
Child 2											
Child 3											
Child 4											

If needed, attach a separate sheet with information about additional members of your household or any special needs of which you would like us to be aware.