

Thank you for choosing St. Gabriel's for your Spiritual needs. Each family is asked to complete a registration form. Please return the form to the rectory office, by phone, mail or email. May God bless you and your family.

St. Gabriel's Church Registration Form

(PDS _____ CM _____ ENV _____ FOR OFFICE USE ONLY)

Circle One
Envelopes WeShare (online Giving)

Family Name _____

Address _____

City/State/Zip _____ Email _____

Phone _____ Cell phone _____

Marital Status: Catholic Church Civil Married-Other Separated S W D Co-Hab

PLEASE CIRCLE

MEMBER

First Name _____ Head Spouse Child Adult

(Maiden Name - if Applicable)

Handicaps _____ Occupation _____

Birthdate ___/___/___ Male / Female Highest Grade / Degree _____

Baptism yes / no (place) _____

Confirmation yes / no (place) _____

Marriage ___/___/___ yes / no (place) _____

Penance yes / no (place) _____

Communion yes / no (place) _____

MEMBER

First Name _____ Head Spouse Child Adult

(Maiden Name - if Applicable)

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Baptism yes / no (place) _____

Confirmation yes / no (place) _____

Marriage ___/___/___ yes / no (place) _____

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