

St. Polycarp Catholic Church 8100 Chapman Ave. Stanton CA 90680

Phone no. 714-893-2766 www.stpolycarp.org email: info@stpolycarp.org

Office Use Only
ID/Envelope _____

REGISTRATION FORM

Family Name: _____

Date Registered: _____

First Name of Head of Household: _____

Local Address:

Street Address _____

Apt. or Spc. # _____

City/State _____

Zip _____

P. O. Box _____

City/State _____

Zip _____

Phone numbers: Home _____

Cell _____

Business _____

Email: _____

	Children Living At Home							
	Head	Spouse	Child	Child	Child	Child	Child	Other Adult
First Name								
Last Name if Different								
Gender								
Birth date								
Status <small>Mar. Sing. Div. Sep. Wid.</small>								
Religion								
Level of Education								
**Ethnicity								
Occupation								
Sacraments Received (please circle)								
Baptism	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
First Communion	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
Confirmation	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Matrimony	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
**Ethnicity	W-White/Caucasian B-Black/African American H-Latino/Hispanic N-Native American A-Asian/Pacific Islander O-Other							