

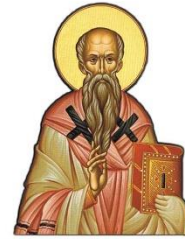
Child: _____ Gender: _____
Birth Date: _____ Ethnicity: _____
Phone Number: _____
Baptism _____ 1st Communion _____ Confirmation _____

Child: _____ Gender: _____
Birth Date: _____ Ethnicity: _____
Phone Number: _____
Baptism _____ 1st Communion _____ Confirmation _____

Child: _____ Gender: _____
Birth Date: _____ Ethnicity: _____
Phone Number: _____
Baptism _____ 1st Communion _____ Confirmation _____

Other: _____ Gender: _____
Birth Date: _____ Phone Number: _____
Relationship to the Head: _____ Ethnicity: _____
Baptism _____ 1st Communion _____ Confirmation _____

Other: _____ Gender: _____
Birth Date: _____ Phone Number: _____
Relationship to the Head: _____ Ethnicity: _____
Baptism _____ 1st Communion _____ Confirmation _____



SAINT POLYCARP
Catholic Church

8100 Chapman Avenue / Stanton, CA 90680 / (714) 893-2766 / www.stpolycarp.org

Parish Membership Form

Update New

Name of Head of Household:

Envelope Number: _____

Please provide complete information for every member in the household. If there are more than one family in the house, please fill out a separate registration form for each family.

Date Registered _____

Name of Head of Household:

Preferred Language: _____

Address _____ **Apt/Spc** _____

City/State _____ **Zip** _____

Phone Number: _____

Email: _____

Marital Status:

- Married Single Widowed Separated
 Divorced

Church Marriage Date: ____/____/____

At _____

Name of Church/ City & State

Or Civil Marriage Date: _____

Information of Family Members

Head: _____ Gender: _____

Birth Date: _____ Ethnicity: _____

Phone Number: _____

Baptism _____ 1st Communion _____ Confirmation _____

Spouse: _____ Gender: _____

Birth Date: _____ Ethnicity: _____

Phone Number: _____

Baptism _____ 1st Communion _____ Confirmation _____

Child: _____ Gender: _____

Birth Date: _____ Ethnicity: _____

Phone Number: _____

Baptism _____ 1st Communion _____ Confirmation _____

Child: _____ Gender: _____

Birth Date: _____ Ethnicity: _____

Phone Number: _____

Baptism _____ 1st Communion _____ Confirmation _____