

Please complete form and email to:

blahey@saintbrigid.org

and

rcoco@saintbrigid.org

or

mail or drop off at the church office at:

3400 Old Alabama Rd
Johns Creek, GA 30022

New Parishioner Registration Form

Saint Brigid Catholic Church

3400 Old Alabama Road
Johns Creek, GA 30022
(Office)678-393-0060 / (Fax)678-393-0071

Please **PRINT** all answers clearly.

For Office Use Only:

Registration #: _____
Former Parishioner? Y/N
Time & Talent Form? Y/N
Letter? Y/N
Welcome Packet? Y/N
Contact? Y/N

Family (Last) Name: _____ Date: _____

Registrant Name: _____ (M/F) Preferred Name: _____
Formal First Name & MI

Spouse's Name: _____ (M/F) Preferred Name: _____
Formal First Name & MI (Maiden Name)

Marital Status: Single () Married () Divorced () Separated () Widowed ()

Street Address: _____ Apt# _____ City: _____ Zip Code: _____+4 _____

Primary Phone #: _____ Primary Cell #: _____ Subdivision: _____

Primary E-mail Address: _____ Publish contact information? Yes No

Previous Parish of Registration: _____ City/St: _____

Personal Info.	Registrant:	Spouse:
Date of Birth	mm/dd/yyyy:	mm/dd/yyyy:
Religion	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", other denomination: _____	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No", other denomination: _____
Sacraments Received	Baptism___ Communion___ Confirmation___ Marriage ___	Baptism___ Communion___ Confirmation___ Marriage ___
Secondary Language		
Cell Phone #		
Occupation		
Employer Name		
Work Phone		
Email Address		

DEPENDENT INFORMATION (LIVING AT HOME)

****Please note: if registering after June 1st, please indicate grade level entering in the Fall.***

First Name, MI (Last, if different)	Nickname	Birth Date	M/F	Grade*	School	Religion	Baptized	Communion	Confirmation

Please note any special needs: (i.e. physically challenged, shut-ins, etc.): _____

Emergency Contact: Name _____ Relationship: _____ Telephone #: _____

Do you wish to receive the Archdiocesan newspaper (The Georgia Bulletin)? Yes No

PLEASE SEE OTHER SIDE FOR ADDITIONAL CONTACT INFORMATION NEEDED:

I would like to be contacted regarding the following:
(Registrant will be contacted)

Child (Under 18)

Child's Name(s)

- Religious Education ___
- Baptism ___
- Confirmation ___
- First Communion ___
- Reconciliation ___

Adult (18 & Older)

Adult's Name(s)

- Religious Education ___
- Baptism ___
- Confirmation ___
- First Communion ___
- Reconciliation ___

Adult's Name(s)

- I want to find out more about coming back to the Church. ___
- I want to find out more about becoming Catholic. ___
- I want to find out more about being married in the Church. ___
- I was married outside the Catholic Church and need to find
 out what I need to do now to marry in the church. ___
- I want to find out more about annulments. ___

Other: _____

****Please return by mail, email, fax or bring it by the Saint Brigid office M-F 9:00 – 5:00 pm *
(Our contact information is on the front of this sheet.)
Thank you!**