

Grace Episcopal Church, North Attleboro, MA

Parish Registration Form

All information will be kept confidential

Pledge ID# _____

Date: _____

Family Name: _____

Mailing Address: _____

Home Phone: _____ *Email:* _____

Marital Status (Please circle one): *Married* *Single* *Separated* *Divorced* *Widowed*

Adult Household Member Information

Name (First/Middle/Last):

Name (First/Middle/Last):

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Religion: _____

Religion: _____

Sacraments (please provide dates if possible):

Sacraments (please provide dates if possible):

Baptism: Y/N Date: _____

Baptism: Y/N Date: _____

1st Communion: Y/N Date: _____

1st Communion: Y/N Date: _____

Confirmation: Y/N Date: _____

Confirmation: Y/N Date: _____

Marriage: Y/N Date: _____

Marriage: Y/N Date: _____

Please let us know if there are any parish activities you would like to be involved in; interests; hobbies; etc.:

Please let us know if there are any parish activities you would like to be involved in; interests; hobbies; etc.:

Please enter children or other household members on the reverse side

Are you interested in Sunday school classes for your child/children? Yes / No

<p>First Name: _____</p> <p>Last Name: _____</p> <p>Gender: _____</p> <p>Birth Date: _____</p> <p>Religion: _____</p> <p>Sacraments (with dates if possible):</p> <p>Baptism Y / N _____</p> <p>1st Communion Y / N _____</p> <p>Confirmation Y / N _____</p>	<p>First Name: _____</p> <p>Last Name: _____</p> <p>Gender: _____</p> <p>Birth Date: _____</p> <p>Religion: _____</p> <p>Sacraments (with dates if possible):</p> <p>Baptism Y / N _____</p> <p>1st Communion Y / N _____</p> <p>Confirmation Y / N _____</p>
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Please return to Grace Episcopal Church / 104 North Washington Street / North Attleboro, MA 02760

Welcome – we look forward to seeing you!