



# Divine Mercy Catholic Church

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## Parish Registration Form

For Office Use Only		
Date Entered:	Entered By:	Envelope #:

Head of Household			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Street Address:	City:	Zip Code:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email:	Home Phone:	Mobile Phone:	Work Phone:
Wedding: <input type="checkbox"/> Catholic Church <input type="checkbox"/> Civil/Non-Catholic	Marital Status:		Occupation:
Religion/Denomination:	Ethnicity:	Language:	

Spouse			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Street Address:	City:	Zip Code:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email:	Home Phone:	Mobile Phone:	Work Phone:
Wedding: <input type="checkbox"/> Catholic Church <input type="checkbox"/> Civil/Non-Catholic	Marital Status:		Occupation:
Religion/Denomination:	Ethnicity:	Language:	

1 <sup>st</sup> Child			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:	Mobile Phone:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Sacraments Completed: (mm/dd/yyyy)			
<input type="checkbox"/> Baptism ___ / ___ / _____	<input type="checkbox"/> 1 <sup>st</sup> Communion ___ / ___ / _____		
<input type="checkbox"/> 1 <sup>st</sup> Confession	<input type="checkbox"/> Confirmation ___ / ___ / _____		

**Parish Registration Form** (continued)

2 <sup>nd</sup> Child			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Mobile Phone:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sacraments Completed: (mm/dd/yyyy)			
<input type="checkbox"/> Baptism ___ / ___ / _____		<input type="checkbox"/> 1 <sup>st</sup> Communion ___ / ___ / _____	
<input type="checkbox"/> 1 <sup>st</sup> Confession		<input type="checkbox"/> Confirmation ___ / ___ / _____	
3 <sup>rd</sup> Child			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Mobile Phone:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sacraments Completed: (mm/dd/yyyy)			
<input type="checkbox"/> Baptism ___ / ___ / _____		<input type="checkbox"/> 1 <sup>st</sup> Communion ___ / ___ / _____	
<input type="checkbox"/> 1 <sup>st</sup> Confession		<input type="checkbox"/> Confirmation ___ / ___ / _____	
4 <sup>th</sup> Child			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Mobile Phone:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sacraments Completed: (mm/dd/yyyy)			
<input type="checkbox"/> Baptism ___ / ___ / _____		<input type="checkbox"/> 1 <sup>st</sup> Communion ___ / ___ / _____	
<input type="checkbox"/> 1 <sup>st</sup> Confession		<input type="checkbox"/> Confirmation ___ / ___ / _____	
Other			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Mobile Phone:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Wedding:	<input type="checkbox"/> Catholic Church <input type="checkbox"/> Civil/Non-Catholic	Marital Status:	Occupation:
Religion/Denomination:		Ethnicity:	Language:
Other			
Last Name:	First Name:	Middle Name:	Date of Birth: (mm/dd/yyyy)
Email:		Mobile Phone:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Wedding:	<input type="checkbox"/> Catholic Church <input type="checkbox"/> Civil/Non-Catholic	Marital Status:	Occupation:
Religion/Denomination:		Ethnicity:	Language: