



Divine Mercy Catholic Church

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Parish Registration Form

*(Please complete only one application for a family at the same address)

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:	
Sacraments Completed: (mm/dd/yyyy)					
<input type="checkbox"/> Baptism Date _____		<input type="checkbox"/> 1 st Communion Date _____			
<input type="checkbox"/> 1 st Confession _____		<input type="checkbox"/> Confirmation Date _____			
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:	
Sacraments Completed: (mm/dd/yyyy)					
<input type="checkbox"/> Baptism Date _____		<input type="checkbox"/> 1 st Communion Date _____			
<input type="checkbox"/> 1 st Confession _____		<input type="checkbox"/> Confirmation Date _____			

Parish Registration Form (continued)

1 st 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 Date _____		<input type="checkbox"/> 1 st Communion Date _____	
<input type="checkbox"/> 1 st Confession _____		<input type="checkbox"/> Confirmation Date _____	
2 nd 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 Date _____		<input type="checkbox"/> 1 st Communion Date _____	
<input type="checkbox"/> 1 st Confession _____		<input type="checkbox"/> Confirmation Date _____	
3 rd 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 Date _____		<input type="checkbox"/> 1 st Communion Date _____	
<input type="checkbox"/> 1 st Confession _____		<input type="checkbox"/> Confirmation Date _____	
4 th 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 Date _____		<input type="checkbox"/> 1 st Communion Date _____	
<input type="checkbox"/> 1 st Confession _____		<input type="checkbox"/> Confirmation Date _____	
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:

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