

Interviewed By \_\_\_\_\_  
Date Interviewed \_\_\_\_\_

St. Elizabeth of Hungary Church  
Melville, NY 11747

# PARISH REGISTRATION FORM

*Please print clearly and legibly. Thank you!*

FAMILY NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## FAMILY MEMBERS WHO RESIDE AT THIS ADDRESS:

1. Name: \_\_\_\_\_  
(First) (Middle) (Maiden, if applicable)

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship in Household:  Husband/Wife  Single Parent  Son/Daughter  \_\_\_\_\_  
other

Religion: Roman Catholic:  Yes  No If no, what religious affiliation? \_\_\_\_\_

Church of:  
Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage \_\_\_\_\_

Special Needs: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(First) (Middle) (Maiden, if applicable)

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship in Household:  Husband/Wife  Single Parent  Son/Daughter  \_\_\_\_\_  
other

Religion: Roman Catholic:  Yes  No If no, what religious affiliation? \_\_\_\_\_

Church of:  
Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage \_\_\_\_\_

Special Needs: \_\_\_\_\_

3. Name: \_\_\_\_\_  
(First) (Middle) (Maiden, if applicable)

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship in Household:  Husband/Wife  Single Parent  Son/Daughter  \_\_\_\_\_  
other

Religion: Roman Catholic:  Yes  No If no, what religious affiliation? \_\_\_\_\_

Church of:  
Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage \_\_\_\_\_

Special Needs: \_\_\_\_\_

*Please list additional family members on reverse....*

4. Name: \_\_\_\_\_  
(First) (Middle) (Maiden, if applicable)

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship in Household:  Husband/Wife  Single Parent  Son/Daughter  \_\_\_\_\_  
other

Religion: Roman Catholic:  Yes  No If no, what religious affiliation? \_\_\_\_\_

Church of:  
Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage \_\_\_\_\_

Special Needs: \_\_\_\_\_

5. Name: \_\_\_\_\_  
(First) (Middle) (Maiden, if applicable)

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship in Household:  Husband/Wife  Single Parent  Son/Daughter  \_\_\_\_\_  
other

Religion: Roman Catholic:  Yes  No If no, what religious affiliation? \_\_\_\_\_

Church of:  
Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage \_\_\_\_\_

Special Needs: \_\_\_\_\_

6. Name: \_\_\_\_\_  
(First) (Middle) (Maiden, if applicable)

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship in Household:  Husband/Wife  Single Parent  Son/Daughter  \_\_\_\_\_  
other

Religion: Roman Catholic:  Yes  No If no, what religious affiliation? \_\_\_\_\_

Church of:  
Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage \_\_\_\_\_

Special Needs: \_\_\_\_\_

**For Office Use Only**

Account No. \_\_\_\_\_

Entered in Census  Email Entered