

Transfiguration Parish Registration Form

Today's Date: _____

OFFICE USE ONLY		Revised 01/26 MB
Date _____	ID _____	PS ENV OLG
Head _____		PSGAB WG WP

Family Information

Family Last Name _____ Primary language spoken at home _____ Primary Email _____

Address _____ City, State _____ Zip _____ Primary Phone _____

Emergency Contact _____ Emergency phone _____ Relationship _____

Would you like to subscribe to *The Georgia Bulletin* newspaper? ☐ Yes ☐ No Giving: ☐ Receive offertory envelopes or ☐ Information for Online Giving?

Would you like more information on: ☐ Faith Formation Opportunities ☐ Sacrament Preparation ☐ Becoming Catholic ☐ Volunteer Opportunities

Member Information

Adult 1 Last Name _____ First Name _____ Middle Name _____
(Head) Nickname _____ Maiden Name _____ Email _____ Cell Phone _____

Adult 2 Last Name _____ First Name _____ Middle Name _____ Relation _____
Nickname _____ Maiden Name _____ Email _____ Cell Phone _____

Adult 3 Last Name _____ First Name _____ Middle Name _____ Relation _____
Nickname _____ Maiden Name _____ Email _____ Cell Phone _____

Minor 1 Last Name _____ Name (1st, middle) _____ Nickname _____ Relation _____

Minor 2 Last Name _____ Name (1st, middle) _____ Nickname _____ Relation _____

Minor 3 Last Name _____ Name (1st, middle) _____ Nickname _____ Relation _____

Minor 4 Last Name _____ Name (1st, middle) _____ Nickname _____ Relation _____

	First Name	Gender Male Female	Date of Birth MM / DD / YYYY	Marital Status Single Married Separated Divorced Widowed	Religion	Sacraments					
						Check (✓) the sacraments each person has received through the Catholic Church.					
						Baptism	Reconciliation (Confession)	First Communion	Confirmation	Marriage	Profession of Faith (for converts)
Adult 1											
Adult 2											
Adult 3											
Minor 1											
Minor 2											
Minor 3											
Minor 4											

If needed, attach a separate sheet with information about additional members of your household.