



All Saints Catholic Parish

St. Joseph, Boyd + St. Rose of Lima, Cadott + Holy Family, Stanley

Parish Registration Form

Central Office

226 E. Third Avenue
PO Box 125, Stanley, WI 54768
www.allsaintscathcom.com
715 . 644 . 5435

Office Use Only

Envelope # _____
____ Connect Now
____ Church Budget Mail
____ DAA

Please complete BOTH SIDES of form and return to the parish central office.

Family Last Name _____

Date Completed ____/____/____

Wife's Maiden Name _____

Mailing Address

Line 1 _____

Line 2 _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____

Family Email _____

Head of Household

First _____ Middle _____

Religion _____

Email Address _____

Cell Phone _____ - _____ - _____

Date of Birth ____/____/____

City & State of Birth _____

SACRAMENTS CHURCH & CITY **DATE (if known)**

Baptism _____ /____/____

First Communion _____ /____/____

Confirmation _____ /____/____

Marriage _____ /____/____

Holy Orders _____ /____/____

Spouse

First _____ Middle _____

Religion _____

Email Address _____

Cell Phone _____ - _____ - _____

Date of Birth ____/____/____

City & State of Birth _____

SACRAMENTS CHURCH & CITY **DATE (if known)**

Baptism _____ /____/____

First Communion _____ /____/____

Confirmation _____ /____/____

Marriage _____ /____/____

Holy Orders _____ /____/____

Please enter dependent children on reverse side.

Child's Full Name

First Middle Last

Religion _____

Gender ___ Male ___ Female

Date of Birth ____/____/____

City & State of Birth _____

SACRAMENTS

CHURCH & CITY

DATE (if known)

Baptism _____

____/____/____

First Communion _____

____/____/____

Confirmation _____

____/____/____

SPECIAL NOTES: (adopted, step child, special needs, allergies, etc.)

Child's Full Name

First Middle Last

Religion _____

Gender ___ Male ___ Female

Date of Birth ____/____/____

City & State of Birth _____

SACRAMENTS

CHURCH & CITY

DATE (if known)

Baptism _____

____/____/____

First Communion _____

____/____/____

Confirmation _____

____/____/____

SPECIAL NOTES: (adopted, step child, special needs, allergies, etc.)

Child's Full Name

First Middle Last

Religion _____

Gender ___ Male ___ Female

Date of Birth ____/____/____

City & State of Birth _____

SACRAMENTS

CHURCH & CITY

DATE (if known)

Baptism _____

____/____/____

First Communion _____

____/____/____

Confirmation _____

____/____/____

SPECIAL NOTES: (adopted, step child, special needs, allergies, etc.)

Child's Full Name

First Middle Last

Religion _____

Gender ___ Male ___ Female

Date of Birth ____/____/____

City & State of Birth _____

SACRAMENTS

CHURCH & CITY

DATE (if known)

Baptism _____

____/____/____

First Communion _____

____/____/____

Confirmation _____

____/____/____

SPECIAL NOTES: (adopted, step child, special needs, allergies, etc.)