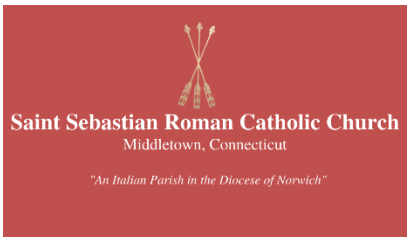

PARISH REGISTRATION FORM

ST. SEBASTIAN PARISH ∗155 WASHINGTON ST. MIDDLETOWN, CT 06457 ∗ (860) 347-2638

www.saintsebastiannmiddletownct.weebly.com

Please complete and either drop it in the offering basket or bring into the parish office

Head of Household Last Name: _____ First Name: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code _____ Cell Phone: _____

E-Mail: _____

Occupation: _____ Date of Birth: _____

Education: ☐ H.S. ☐Associate ☐ Bachelor's ☐Master's ☐ Doctorate

Sacraments Received: ☐Baptism ☐First Comm ☐Confirmation ☐Marriage

Contribution Method (check one): ☐Envelopes ☐ Online ☒ Other

Spouse Last Name: _____ First Name: _____

Occupation: _____ Date of Birth: _____

Education: ☐ H.S. ☐Associate ☐ Bachelor's ☐Master's ☐ Doctorate

Spouse Sacraments Received: ☐Baptism ☐First Comm ☐Confirmation ☐Marriage

Marital Status? ☐Single ☐Married Marriage Type? ☐ Civil ☐ Religious

Would you or your spouse like to volunteer? ☐Yes ☐ No

What would you like to volunteer for? _____

DEPENDENT CHILDREN INFORMATION

Others Living In Home		Date of Birth			Sacraments Recd.				School Attending	Attending CCD		
	SEX	MO	DAY	YR	BAP	REC	EUC	CONF		YES	NO	GRD