

CORPUS CHRISTI CATHOLIC CHURCH

600 Mountain View Dr. Stone Mountain, GA 30083 Office (770) 469-0395 Fax (770)469-0568

For Office Use	Only:
Family Duid #	
Envelope #	

te]	Previous Parish/Church			
w Registration Change of Info		Would you like to receive the Catholic newspaper "Georgia Bulletin"? Yes No _			
		Would you like to receive c	hurch offertory	envelopes Yes_	No
Family Name:					
Address:					
		Apt #	City		Zip Code
Member #1 Head of Household				Gender	Birthdate
				M/F	
First Name	Middle Initial	Last Name			
Email		Cell Phone	Emergency Ph	none P	rimary language
Marital Status:	Check if Sa	acraments received			
Single Civil Marriage Separated Divorced Widow _		aptism Communio			atholic Marriage
Special Needs:		atholic? Yes No_ f no Catholic)	Profess	sion:	
Member #2 Relation with Head of H	Household (wife so	n daughter mother etc.):		Gender	Birthdate
William II Actuation with House of II	ousenous (mge, so.	n, udugmer, momer, etc.,			Difficult
First Name	Middle Initial	Last Name		M / F	/
Email		Cell Phone	Emergency Pho	one Primar	ry language
Marital Status:	Check if Sa	acraments received			
Single Civil Marriage		aptism Communic	on Confi	rmation Ca	atholic Marriage
Separated Divorced	Other		·		ate//
Special Needs:		atholic Yes No	Profess	sion:	
Member #3 Relation with Head of I	Household (wife, so	n, daughter, mother, etc.):		Gender	Birthdate
				M/F	
First Name	Middle Initial	Last Name			
Special Needs:	Check if Sacram	ents received		Name of Schoo	Child Attends
	Catholic Baptisn	m Communion Co	onfirmation		
Member #4 Relation with Head of H	J Jousehold (wife, son	n, daughter, mother, etc.): _			Birthdate
First Name	Middle Initial	Last Name		M / F	/
Special Needs:	Check if Sacram	ents received		Name of Scho	ool Child Attends
•	Catholic Baptism	m Communion Co	onfirmation	_	

Member #5 Relation with Head of	Household (wife, son, daughter, mother, etc.):	Gender Birthdate	
First Name	Middle Initial Last Name	M/F/	
	Check if Sacraments received	Name of School Child Attends	
	Catholic Baptism Communion Confirmation		
Member #6 Relation with Head of	Household (wife, son, daughter, mother, etc.):	Gender Birthdate	
First Name	Middle Initial Last Name	M / F/	
Special Needs:	Check if Sacraments received	Name of School Child Attends	
	Catholic Baptism Communion Confirmation	1	
Special Needs:	Check if Sacraments received	Name of School Child Attends	
Special Needs:			
	Catholic Baptism Communion Confirmation	1	
Please share with us your Na	ationality:		
-	check the areas that are of interest to you and you	r family	
Altar Care / Cleaning	Funeral Reception	Outreach Programs e.g. SVdP	
Altar Server	Gospel Choir	Religious Education	
CC Youth Basketball League	Hispanic Ministry	Traditional Choir	
Children's Choir	Lector	Usher	
Extraordinary Minister	Little One's Pre-School	Youth Ministry	

^{*} Check the Church's website for additional ministry information