

St. Elizabeth Ann Seton Parish

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NEW MEMBER REGISTRATION

Date:	Office Only: assigned env.#	
Last Name:	First Name:	M.I.
Address:		
City:	Zip:	--
Home Phone:	unlisted?	Cell Phone:
e-mail address:		

	Head of Household	Spouse	Child	Child	Child
First Name					
Last Name					
Maiden Name					
Religion					
Marital Status					
Date of Marriage					
Occupation					
Place of Employment					
Employment Phone #					
School					
College					
Highest Grade achieved					
Gender					
Date of Birth					
Baptism: Yes or No					
Place of Baptism					
Communion: Yes or No					
Place of Communion					
Confirmation: Yes or No					
Place of Confirmation					
Handicap					