



THE ARCHANGEL CATHOLIC CHURCH

Parish Registration Form

2141 Lancashire Ave., Louisville, KY 40205 ~
502-458-2500 ~ www.sraparish.org

General Information

Family Name: _____ Primary Email: _____
Phone: _____ Street Address: _____
 Unlisted _____
City: _____ State: _____ Zip: _____

Head of Household

Title: _____ First Name: _____ MI: _____ Last Name: _____ Suffix: _____
Date of Birth: ____ - ____ - ____ Martial Status: _____ Religion: _____
Baptized? (Yes/No) _____ First Communion? (Yes/No) _____ Confirmed? (Yes/No) _____
Date of Marriage: _____ Occupation: _____
Cell Phone: _____ Employer: _____
Email (s): _____

Spouse/Head of Household #2

Title: _____ First Name: _____ MI: _____ Last Name & Maiden Name: _____
Date of Birth: ____ - ____ - ____ Martial Status: _____ Religion: _____
Baptized? (Yes/No) _____ First Communion? (Yes/No) _____ Confirmed? (Yes/No) _____
Date of Marriage: _____ Occupation: _____
Cell Phone: _____ Employer: _____
Email (s): _____

Were you married by a Roman Catholic Priest?

A person in this household has a disability or handicap that hinders their ability to attend or participate fully in Mass. Please contact me/us with the services St. Raphael has to offer.

Former Parish : _____

(Name, City and State)

(Please turn over to complete remaining household information.)

Children in Household (Anyone 21 years or older must be registered independently unless living with their family).



First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Date of Birth: ____ - ____ - ____ Male/Female: _____ Religion: _____

Baptized? (Yes/No) _____ First Communion? (Yes/No) _____ Confirmed? (Yes/No) _____

School Name: _____ Grade: _____

Email (For Youth Ministry Use): _____

Cell (For Youth Ministry Use): _____



First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Date of Birth: ____ - ____ - ____ Male/Female: _____ Religion: _____

Baptized? (Yes/No) _____ First Communion? (Yes/No) _____ Confirmed? (Yes/No) _____

School Name: _____ Grade: _____

Email (For Youth Ministry Use): _____

Cell (For Youth Ministry Use): _____



First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Date of Birth: ____ - ____ - ____ Male/Female: _____ Religion: _____

Baptized? (Yes/No) _____ First Communion? (Yes/No) _____ Confirmed? (Yes/No) _____

School Name: _____ Grade: _____

Email (For Youth Ministry Use): _____

Cell (For Youth Ministry Use): _____



First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Date of Birth: ____ - ____ - ____ Male/Female: _____ Religion: _____

Baptized? (Yes/No) _____ First Communion? (Yes/No) _____ Confirmed? (Yes/No) _____

School Name: _____ Grade: _____

Email (For Youth Ministry Use): _____

Cell (For Youth Ministry Use): _____

Please return completed form to the Church Office, in the Weekend Collection Basket or by Mail in the return envelope provided in this registration folder. God Bless You!