



ST. RAPHAEL THE ARCHANGEL CATHOLIC CHURCH REGISTRATION FORM



5801 FALLS OF NEUSE ROAD, RALEIGH, NC 27609-4099 919-865-5700

Today's Date: _____
____ NEW Registration
____ UPDATE Registration

Welcome to St. Raphael the Archangel! Your information will assist us and the Diocese to better design programs to support the needs of our parishioners. Please complete this form for all immediate family members who live with you.
Send us a picture too! straphael_membership@raldioc.org

Family Name (surname):	Phone:	Email male:
		Email female:
Street address:	City/Zip Code:	Cell Phone Male:
		Cell Phone Female:
Primary Language spoken at home: English Spanish Other:		Fluent in a language other than English? Y N Language:
Write your name legibly as you would like it to appear on any correspondence:		May we publish your name in the parish bulletin and directory? Y N
Previous Parish Name/City/State:		<i>If you are registered in another parish, please notify them of your change in registration.</i>

Title Mr. Mrs. Ms. Miss Dr.	First Name <i>John or Jane</i>	Last Name <i>Smith</i>	Relation Head Spouse Son Daughter	Gender M F	Date of Birth <i>mm/dd/yy</i>	Country Of Birth <i>USA</i>	Marital Status S M R W D SE C*	Occupation & Work Phone <i>Programmer 123-1234</i>	Religion <i>Catholic</i>	Baptized Catholic Y N Date:	Baptized Other Y N Date:	First Communion Y N Date:	Confirmation Y N Date:	Married in the Catholic Church Y N Date:	Married Other Y N Date:
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*Marital Status: S=Single M=Married R=Religious W=Widowed D=Divorced SE=Separated C= Cohabitate