



**St. Elizabeth Ann Seton Catholic Church  
Family Registration (\*\*\*)Please Complete Both Sides (\*\*\*)**

Envelope Number: \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Marital Status (*Circle One*):  
 Address: \_\_\_\_\_ Single / Married Catholic / Married Other Church / Married Civil  
 City/State/Zip: \_\_\_\_\_ Separated / Divorced / Engaged / Widowed / Other \_\_\_\_\_  
 Main Family Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Marriage Location/Church: \_\_\_\_\_  
 Marriage Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Individual Member Information (Use additional sheet if necessary)**

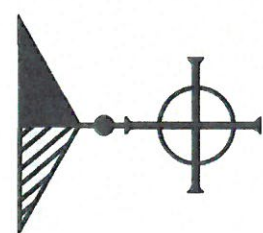
<input type="checkbox"/> Head	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other
<input type="checkbox"/> Head	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other
<b><u>Name</u></b>			
First _____	MI _____	Last (If Different) _____	First _____ MI _____ Last (If Different) _____
Nickname: _____	Nickname: _____	Nickname: _____	Nickname: _____
Maiden: _____	Maiden: _____	Maiden: _____	Maiden: _____
E-mail: _____	E-mail: _____	E-mail: _____	E-mail: _____
Date of Birth: ____/____/____	Date of Birth: ____/____/____	Date of Birth: ____/____/____	Date of Birth: ____/____/____
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b><u>Phone Numbers (With Area Codes)</u></b>			
Work: _____	Work: _____	Work: _____	Work: _____
Ext: _____	Ext: _____	Ext: _____	Ext: _____
Cellular: _____	Cellular: _____	Cellular: _____	Cellular: _____
<b><u>Sacraments (Include date if known)</u></b>			
<input type="checkbox"/> Baptism ____/____/____	<input type="checkbox"/> Baptism ____/____/____	<input type="checkbox"/> Baptism ____/____/____	<input type="checkbox"/> Baptism ____/____/____
<input type="checkbox"/> 1 <sup>st</sup> Eucharist ____/____/____	<input type="checkbox"/> 1 <sup>st</sup> Eucharist ____/____/____	<input type="checkbox"/> 1 <sup>st</sup> Eucharist ____/____/____	<input type="checkbox"/> 1 <sup>st</sup> Eucharist ____/____/____
<input type="checkbox"/> Confirmation ____/____/____	<input type="checkbox"/> Confirmation ____/____/____	<input type="checkbox"/> Confirmation ____/____/____	<input type="checkbox"/> Confirmation ____/____/____
Church of Bapt: _____	Church of Bapt: _____	Church of Bapt: _____	Church of Bapt: _____
City/State: _____	City/State: _____	City/State: _____	City/State: _____
<b><u>Other</u></b>	<b><u>Other</u></b>	<b><u>Other</u></b>	<b><u>Other</u></b>
Religion: _____	Religion: _____	Religion: _____	Religion: _____

<input type="checkbox"/> Child <input type="checkbox"/> Other <u>Name</u> First MI Last (If Different) Nickname: _____ Maiden: _____ E-mail: _____ Date of Birth: ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Phone Numbers (With Area Codes)</b> Work: _____ Ext: _____ Cellular: _____ <b>Sacraments (Include date if known)</b> <input type="checkbox"/> Baptism    ____/____/____ <input type="checkbox"/> 1 <sup>st</sup> Eucharist    ____/____/____ <input type="checkbox"/> Confirmation    ____/____/____ Church of Bapt: _____ City/State: _____ <b>Other</b> Religion: _____	<input type="checkbox"/> Child <input type="checkbox"/> Other <u>Name</u> First MI Last (If Different) Nickname: _____ Maiden: _____ E-mail: _____ Date of Birth: ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Phone Numbers (With Area Codes)</b> Work: _____ Ext: _____ Cellular: _____ <b>Sacraments (Include date if known)</b> <input type="checkbox"/> Baptism    ____/____/____ <input type="checkbox"/> 1 <sup>st</sup> Eucharist    ____/____/____ <input type="checkbox"/> Confirmation    ____/____/____ Church of Bapt: _____ City/State: _____ <b>Other</b> Religion: _____	<input type="checkbox"/> Child <input type="checkbox"/> Other <u>Name</u> First MI Last (If Different) Nickname: _____ Maiden: _____ E-mail: _____ Date of Birth: ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Phone Numbers (With Area Codes)</b> Work: _____ Ext: _____ Cellular: _____ <b>Sacraments (Include date if known)</b> <input type="checkbox"/> Baptism    ____/____/____ <input type="checkbox"/> 1 <sup>st</sup> Eucharist    ____/____/____ <input type="checkbox"/> Confirmation    ____/____/____ Church of Bapt: _____ City/State: _____ <b>Other</b> Religion: _____
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**Are you interested?**  
*We will contact you with more information.*

SEAS School  
 The Sacraments of Baptism/Marriage  
 Sacramental Preparation for Youth  
 Sacramental Preparation for Adult  
 Volunteer Opportunities  
 Having a Priest Contact Our Family  
 Direct Contribution Program  
 Our family would like to receive *The Catholic Spirit*,  
the Archdiocesan newspaper  
*(Free to SEAS Parishioners)*

**Please Return Your Completed Form To:**  
**St. Elizabeth Ann Seton Catholic Church**  
2035 15<sup>th</sup> Street West  
Hastings, MN 55033  
**Parish Office: 651-437-4254**  
**Fax: 651-438-2948**  
[www.seasparish.org](http://www.seasparish.org)  
**Parish Office Hours:**  
**Monday-Thursdays 8:00am-7:00pm**  
**Friday 8:00am-4:30pm**  
**Saturday 9:00am-12:00pm**



Office Use:

Family Card Typed: \_\_\_\_\_  
Computer Entries Made: \_\_\_\_\_  
Welcome Letter: \_\_\_\_\_