



Saint Elizabeth of Hungary Catholic Church

Eureka Springs, Arkansas

Parish Registration Form (Return to the office or give to Usher)

Today's Date: _____ Would you like to receive contribution envelopes? Y____ N____

Head of Household

Last Name: _____ First: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Religion: _____ DOB: _____

Occupation: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism____ Reconciliation____ Holy Eucharist____ Confirmation____ Marriage____

Spouse / Other Adult

Last Name: _____ First: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Religion: _____ DOB: _____

Occupation: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism____ Reconciliation____ Holy Eucharist____ Confirmation____ Marriage____

Please complete second sheet for children.

Child

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: Child ___ Stepchild ___ Grandchild ___ Other ___

Religion: _____

DOB: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism ___ Reconciliation ___ Holy Eucharist ___ Confirmation ___ Marriage ___

Child

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: Child ___ Stepchild ___ Grandchild ___ Other ___

Religion: _____

DOB: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism ___ Reconciliation ___ Holy Eucharist ___ Confirmation ___ Marriage ___

Child

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: Child ___ Stepchild ___ Grandchild ___ Other ___

Religion: _____

DOB: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism ___ Reconciliation ___ Holy Eucharist ___ Confirmation ___ Marriage ___

Child

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: Child ___ Stepchild ___ Grandchild ___ Other ___

Religion: _____

DOB: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism ___ Reconciliation ___ Holy Eucharist ___ Confirmation ___ Marriage ___