



Christ the Servant Parish

833 39th Street Northwest, Canton, Ohio 44709

www.christtheservantparish.org

330.492.0622 • christtheservantparish@gmail.com

Family Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Cell) _____

Email (parish communications only): _____

Head of Household/Couple Information

We encourage a separate head of household parish registration for all parents and non-college enrolled adult children whom reside with you at your home.

Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Denomination: _____

Baptism: Yes No If yes, year and parish: _____

1st Eucharist: Yes No If yes, year and parish: _____

Confirmation: Yes No If yes, year and parish: _____

RCIA: Yes No If yes, year and parish: _____

Marital Status: Married Single Widowed Divorced

If married: Anniversary _____ Church/City _____

Married by priest/deacon: Yes No

Did you attend a Catholic elementary school? Yes No

Name/City: _____



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Did you attend a Catholic high school? Yes No

Name/City: _____

Occupation: _____ Employer: _____

Work Phone: _____ Fax: _____

Spouse's Full Name (if applicable): _____

Maiden Name (if applicable): _____

Date of Birth: _____ Denomination: _____

Baptism: Yes No If yes, year and parish: _____

1st Eucharist: Yes No If yes, year and parish: _____

Confirmation: Yes No If yes, year and parish: _____

RCIA: Yes No If yes, year and parish: _____

Marital Status: Married Single Widowed Divorced

If married: Anniversary _____ Church/City _____

Married by priest/deacon: Yes No

Did you attend a Catholic elementary school? Yes No

Name/City: _____

Did you attend a Catholic high school? Yes No

Name/City: _____

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Children/Parents/Other Members of Household Information

Full Name: _____

Gender: Male Female Date of Birth: _____ Marital Status: M S W D

Baptism: Yes No If yes, year and parish: _____

1st Eucharist: Yes No If yes, year and parish: _____

Confirmation: Yes No If yes, year and parish: _____

School Attending: _____

Full Name: _____

Gender: Male Female Date of Birth: _____ Marital Status: M S W D

Baptism: Yes No If yes, year and parish: _____

1st Eucharist: Yes No If yes, year and parish: _____

Confirmation: Yes No If yes, year and parish: _____

School Attending: _____

Full Name: _____

Gender: Male Female Date of Birth: _____ Marital Status: M S W D

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School Attending: _____

Full Name: _____

Gender: Male Female Date of Birth: _____ Marital Status: M S W D

Baptism: Yes No If yes, year and parish: _____

1st Eucharist: Yes No If yes, year and parish: _____

Confirmation: Yes No If yes, year and parish: _____

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Full Name: _____

Gender: Male Female Date of Birth: _____ Marital Status: M S W D

Baptism: Yes No If yes, year and parish: _____

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Please provide any other information that you think should be communicated to Christ the Servant Parish to make your transition into our community as smooth and pleasant as possible. Please include any special accommodations you may need during Mass and/or parish functions and any other special arrangements that require immediate attention.

What are your hobbies/talents?



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Would you be interested in sharing your time in any of the following ministries of Christ the Servant Parish? Please check all that apply:

- Lector Eucharistic Minister Music Ministry RCIA Sponsor
- Youth Ministry Sports Ministry Marriage Preparation
- Parish School of Religion (teacher/aide) Baptism Preparation
- Ministry to the Homebound Men's Club Ladies' Guild
- Garden Club Seniors' Group Habitat for Humanity
- Chime Choir
- Other, What special talents would you share as a ministry at Christ the Servant Parish?

For Office Use Only:

Received Registration	Letters	Telephone Call	Resource Book	Follow-up