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Medhanie Alem Ge'ez Rite
 Eritrean Catholic Community
 Diocese of Arlington

Registration Form

Please fill out this form as completely as possible and return it to the Parish Office.

Parish Office: 5121 Woodland Way, Annandale, VA 22003 **Phone:** 703.978.8074 **Fax:** 703.978.9671

Office Use Only

No. _____

Family Name _____

Home Street Address _____

City, State & Zip _____

Home Phone _____ Cell Phone(s) _____ / _____

E-Mail(s) _____ / _____

• **Date of Registration:** _____

• **Marital Status:** Married, Single, Widow, Divorced, Separated, Annulled

• **If married, were you married by a Catholic priest?** Yes / No

• **Previous Parish** _____

Name (First and Last)	Birth Date (mm/dd/yyyy)	Religion		Occupation	Baptism	First Holy Communion	Confirmation
Husband or Single Male					Y / N	Y / N	Y / N
Wife (maiden name) or Single Female					Y / N	Y / N	Y / N
Children (living at above address)	Birth Date (mm/dd/yyyy)	Gender	Religion	School	Baptism	First Holy Communion	Confirmation
		M / F			Y / N	Y / N	Y / N
		M / F			Y / N	Y / N	Y / N
		M / F			Y / N	Y / N	Y / N
		M / F			Y / N	Y / N	Y / N
		M / F			Y / N	Y / N	Y / N
		M / F			Y / N	Y / N	Y / N
		M / F			Y / N	Y / N	Y / N

Comments