

ST. ELIZABETH ANN SETON CHURCH
1460 W. ST. ELIZABETH PLACE, CITRUS SPRINGS, FL 34434

Date of Registration: _____ (For office use only: Parish ID# _____)

Last Name: _____ **Phone #** _____ **Mailing Preference:** (Circle) Mr. / Mrs. / Ms. / Mr. & Mrs. / Other _____

Mailing Address: _____ **City:** _____ **Zip:** _____ **Marital Status:** (Circle) M S W D SEP

Subdivision: _____ **Email Address:** _____

Summer Address, If applicable: _____

ADULTS:

First Name	Birthdate	Religion	Baptism Y/N	Penance Y/N	Eucharist Y/N	Confirmation Y/N	Marriage Date	Ethnic Background	Occupation	Work #	If retired, previous work or life experience
Male:	___/___/___						___/___/___				
Female:	___/___/___						<input type="checkbox"/> Catholic Wedding <input type="checkbox"/> Civil Ceremony				
Maiden:	___/___/___										

Name of previous parish: _____ **Involvement at prior parish** _____

DEPENDENT CHILDREN LIVING WITH YOU:

Name	Birthdate	Sex	Religion	Baptism Y/N	Penance Y/N	Eucharist Y/N	Confirmation Y/N	School Name	Grade	Special Needs

NOTE: We encourage adults or working children living with you to register on their own.

Special Needs / Requests / Comments: _____

Emergency Contact: (Name / Address / Phone) _____

Please check the following parish organizations or ministries in which you are interested.

- | | |
|---|---|
| <input type="checkbox"/> Altar Servers (all ages) | <input type="checkbox"/> Men's Association |
| <input type="checkbox"/> Bereavement Ministry | <input type="checkbox"/> Prayer Ministry |
| <input type="checkbox"/> Choir (all ages) | <input type="checkbox"/> RCIA |
| <input type="checkbox"/> Church Cleaning | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Council of Catholic Women | <input type="checkbox"/> Respect Life |
| <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Sacristan |
| <input type="checkbox"/> Eucharistic Minister to the Homebound | <input type="checkbox"/> Scripture Group |
| <input type="checkbox"/> Faith Formation & Evangelization Teacher or Aide | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Food Pantry Volunteer | <input type="checkbox"/> Visitation to the Sick/Homebound |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> Knights of Columbus Council #15624 | |

**IF YOU HAVE ANY QUESTIONS PLEASE CALL
OUR PARISH OFFICE AT (352) 489-4889.**

**PLEASE RETURN COMPLETED REGISTRATION FORM TO THE
PARISH OFFICE, EMAIL IT OR PLACE IN COLLECTION BASKET.**

**ST. ELIZABETH ANN SETON PARISH
1460 W. ST. ELIZABETH PLACE
CITRUS SPRINGS, FL 34434**

EMAIL: steas@tampabay.rr.com