



CHURCH OF ST. ANNE

200 Hamel Road—P.O. Box 256

Hamel, MN 55340

(763) 478-6644

NEW PARISHIONER FORM

Head of Household:	
Full Name:	
Address:	
City and Zip Code	
Home Phone Number:	
Home E-mail address:	
Date of Birth:	
Religion:	
Marital Status:	Yes or No If yes: When and Where?
Employer:	
Cell phone:	
Spouse:	
Full Name:	
Date of Birth:	
Religion:	
Employer:	
Cell phone:	
Child:	
Full Name:	
Date of Birth:	Gender: Male _____ Female _____
Grade Level/School	
Would you like them enrolled in Religious Ed?	
Have they been Baptized?	Yes or No When and Where?
1st Communion Received?	Yes or No When and Where?
Confirmation Received?	Yes or No When and Where?
Child:	
Full Name:	
Date of Birth:	Gender: Male _____ Female _____
Grade Level/School	
Would you like them enrolled in Religious Ed?	
Have they been Baptized?	Yes or No When and Where?
1st Communion Received?	Yes or No When and Where?
Confirmation Received?	Yes or No When and Where?

(over)

CHURCH OF ST. ANNE

NEW PARISHIONER FORM (Page Two)
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Child:	
Full Name:	
Date of Birth:	
Grade Level/School	
Would you like them enrolled in Religious Ed?	
Have they been Baptized?	Yes or No When and Where?
1st Communion Received?	Yes or No When and Where?
Confirmation Received?	Yes or No When and Where?
Child:	
Full Name:	
Date of Birth:	
Grade Level & Name of School	
Would you like them enrolled in Religious Ed?	
Have they been Baptized?	Yes or No When and Where?
1st Communion Received?	Yes or No When and Where?
Confirmation Received?	Yes or No When and Where?
Child:	
Full Name:	
Date of Birth:	
Grade Level & Name of School	
Would you like them enrolled in Religious Ed?	
Have they been Baptized?	Yes or No When and Where?
1st Communion Received?	Yes or No When and Where?
Confirmation Received?	Yes or No When and Where?
Volunteer Activities	
Religious Education Teacher	Yes No Maybe Substitute
Liturgical Roles (please circle and indicate which Mass time you would like to volunteer)	Usher Lector Extraordinary Eucharistic Minister Altar Server
Names of interested party:	
Choir Member	
Would you like a host family	Yes No

CHURCH OF ST. ANNE

NEW PARISHIONER FORM

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Full Name:			
Date of Birth:	Gender: Male _____ Female _____		
Grade Level & Name of School			
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Confirmation Received?	Yes or No	When and Where?	
	Volunteer Activities		
Religious Education Teacher	Yes	No	Maybe Substitute
Liturgical Roles (please circle and indicate which Mass time you would like to volunteer)	Usher	Lector	Extraordinary Eucharistic Minister Altar Server
Names of interested party:			
Choir Member			