

ST. VIATOR PARISH

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PARISH REGISTRATION FORM

Prefix: ___Ms. ___Mrs. ___Mr.

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Status: ___Married ___Single

Religion _____

Sacraments Received: ___Baptism ___Reconciliation ___Eucharist ___Confirmation

Address _____ City: _____ State: ___ Zip: _____

Primary Ph#: _____ Primary Email _____

in Household: _____ Nationality: _____ Language(s) Spoken _____

I prefer to donate via: ___Envelope ___Online

SPOUSE INFORMATION

Prefix: ___Ms. ___Mrs. ___Mr.

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Religion _____

Sacraments Received: ___Baptism ___Reconciliation ___Eucharist ___Confirmation

Primary Ph#: _____ Primary Email _____

Nationality: _____ Language(s) Spoken _____

For office use only: Date Registered _____ Envelope # _____

CHILD

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: ___F ___M

School Name: _____ Grade: _____

Sacraments Received: ___Baptism ___Reconciliation ___Eucharist ___Confirmation

Prior Religious Education: ___ St. Viator ___ Other ___None

If other, please specify: _____

CHILD

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: ___F ___M

School Name: _____ Grade: _____

Sacraments Received: ___Baptism ___Reconciliation ___Eucharist ___Confirmation

Prior Religious Education: ___ St. Viator ___ Other ___None

If other, please specify: _____

CHILD

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: ___F ___M

School Name: _____ Grade: _____

Sacraments Received: ___Baptism ___Reconciliation ___Eucharist ___Confirmation

Prior Religious Education: ___ St. Viator ___ Other ___None

If other, please specify: _____