

WELCOME TO ST. CHRISTINA PARISH

Please complete the fillable form below or print form and complete legibly in ink. If utilizing the fillable form, once completed, save as a PDF and email to: jmaxwell@stchristinaparish.org. Otherwise, forms can be returned to the St. Christina Rectory, 11005 S. Homan Ave., Chicago, 60655.

For Parish Office Use Only	
ENVELOPE NUMBER	
DATED TURNED IN	
NEW PARISHIONER (Y/N)	

Family Name (Mr./Mrs./Ms.) _____

Spouse Maiden Name _____ Number of Children _____

Address _____ City/State _____ Zip Code _____

Best way to contact you _____ Home Phone _____ Cell Phone _____

E-Mail _____

All information on this form is confidential.

	Adult 1	Adult 2	Child 1	Child 2	Child 3	Child 4	
First Name							
Last Name							
Sex							
Birth Date							
Marital Status							
Baptism (y/n)							
Reconciliation (y/n)							
First Communion (y/n)							
Confirmation (y/n)							
Attends St. Christina School (y/n)							
Occupation							

COMMENTS/ADDITIONAL INFORMATION: