



Guardian Angels Registration

1310 Westport Road, Kansas City, MO 64111 Phone: 816-931-4351

Contact Information		(office use only _____ # _____ Year)
Name (Mrs., Ms., Miss, Mr., Mr. & Mrs., Other_____)		
Street Address		
City, State, Zip		
Home Phone	OK to list in Parish Directory?	Y N
Work Phone/Cell Phone		
E-Mail Address		

Contribution Options	
<input type="checkbox"/> Weekly Envelopes	<input type="checkbox"/> Electronic Funds Transfer
<input type="checkbox"/> Credit Cards	<input type="checkbox"/> Other

Adult Individual Information		
Full Legal Name (include maiden name):		
Birthdate:	Marital Status:	(Single, Married, Divorced, Widowed, Separated)
Religion:	Date of Marriage:	Married in Catholic Church? _____
Baptism: yes ___ year _____ no ___	Confirmation: : yes ___ year _____ no ___	
Occupation:	Employer:	
Work Phone:	Cell:	
Work e-mail or other e-mail address:		

Adult Individual Information		
Full Legal Name (include maiden name):		
Birthdate:	Marital Status:	(Single, Married, Divorced, Widowed, Separated)
Religion:	Date of Marriage:	Married in Catholic Church? _____
Baptism: yes ___ year _____ no ___	Confirmation: : yes ___ year _____ no ___	
Occupation:	Employer:	
Work Phone:	Cell:	
Work e-mail or other e-mail address:		

Is there anyone who is shut-in or is physically challenged in your home? Yes No

Are there other adults living at this address not registered at GA? Yes No

Please keep us current. Contact Guardian Angels if this information changes.
Children information on other side.

Children Living at Home : (Children over 18 who are not full time students, should complete their own individual registration forms.)

_____	_____	_____	_____
First	Middle	Last	Date of Birth
_____	_____	Yes/No	
School	Grade	Enrolled in GA Religious Education	
Sacramental Information	Year	Name of Church	
Baptism	Yes/No	_____	_____
First Reconciliation	Yes/No	_____	_____
First Communion	Yes/No	_____	_____
Confirmation	Yes/No	_____	_____
Special needs or remarks about this child:			

_____	_____	_____	_____
First	Middle	Last	Date of Birth
_____	_____	Yes/No	
School	Grade	Enrolled in GA Religious Education	
Sacramental Information	Year	Name of Church	
Baptism	Yes/No	_____	_____
First Reconciliation	Yes/No	_____	_____
First Communion	Yes/No	_____	_____
Confirmation	Yes/No	_____	_____
Special needs or remarks about this child:			

_____	_____	_____	_____
First	Middle	Last	Date of Birth
_____	_____	Yes/No	
School	Grade	Enrolled in GA Religious Education	
Sacramental Information	Year	Name of Church	
Baptism	Yes/No	_____	_____
First Reconciliation	Yes/No	_____	_____
First Communion	Yes/No	_____	_____
Confirmation	Yes/No	_____	_____
Special needs or remarks about this child:			