

**PARISHIONER REGISTRATION FORM
ST. ATHANASIUS CHURCH PARISHIONER INFORMATION**

ID Number _____ (office use only)

Date _____

Mr. & Mrs./Mr./Mrs./Ms./Dr. Name(s) _____ Home Phone _____
(Please circle one)

Address _____ City _____ State _____ Zip _____

If you do not wish to have your name(s) published in the church bulletin, please check here ____.

If you do not wish to have your name(s), address and phone number published in our Parish Directory, please check here ____.

Member Name	Sex M-F	Date of Birth Mo/D/Yr	Religion	Profession or School Attending	Work Phone	Email Address	Baptism Mo/D/Yr	First Eucharist Mo/D/Yr	Confirmation Mo/D/Yr	Marriage Mo/D/Yr

Are you or a member of your household in need of special services from your parish community? no ____ yes ____ I am confined to my home. ____
I have special needs which require transportation____, assistance____, handicap access____. I am a caregiver for a person with special needs. ____

To support parish ministries, I/we will use envelopes ____weekly ____monthly ____ ParishPay Program.

The ParishPay Program withdraws funds directly from a checking account or credit card monthly.

An enrollment form accompanies this form or you may sign up online at www.paritypay.com.