

St. Clement's Church Registration

Welcome to our Parish in Saratoga Springs, New York

All information provided is CONFIDENTIAL.

FOR OFFICE USE ONLY # _____	
Registration Date:	
Evangelist Ordered:	
Envelopes Ordered:	
Bishop Appeal Notified:	

Family Name				Family Phone				Family Cell Phone			
Other Phone (Specify)				Other Phone (Specify)				Family E-mail			
Address				City				State			
Mailing Address (if different)				City				State			
Marital Status (circle one)		Catholic Sacrament, Civil Marriage, Single, Divorced, Separated, Widow/Widower, or Other. <i>If Other, please explain:</i>									
Wife's Maiden Name				Marriage Date and Place				Married by (circle one)		Priest Deacon Clergy Justice of Peace Other	

St. Clement's now has easy, efficient, and secure stewardship programs. We encourage the use of automated bank transfer or credit card payments.

Parish Stewardship Method	Weekly Envelope		Bank EFT								
	Automatic Credit Card										
Would you like to have a subscription to "The Evangelist", the publication of the Diocese of Albany?					Yes		No				
Would you prefer to be contacted by US Mail or E-mail?			US Mail		E-Mail		E-mail address				
Are there any members of your household who would like to be visited by a priest?											
If you travel seasonally each year, what are the approximate dates you are away?										If you return earlier than planned, please notify the Church office so mail will be restarted.	

Parish Involvement

We encourage you to be involved in the good works of our Community. Please review our weekly parish bulletin to learn about our various ministries.

What activities/ministries are your family members currently involved in, including Religious Education?
What activities/ministries do your family members feel called to be a part of?

	Adult / Child / _____ (circle one)	Adult / Child / _____ (circle one)	Adult / Child / _____ (circle one)
First and Middle Name			
Last (if different)			
Title / Suffix (Jr.,Sr.)			
Nickname			
Birth Date / Gender			
Primary Language			
Special Needs			
Religious Affiliation			
Baptism (Yes or No) and place if known			
1st Reconciliation (Y/N) and place if known			
1st Eucharist (Y/N) and place if known			
Confirmation (Y/N) and place if known			

	Adult / Child / _____ (circle one)	Adult / Child / _____ (circle one)	Adult / Child / _____ (circle one)
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