

For Office Use Only

### Registration for the St Michael Catholic Church

574 Eighth Street, Calhan, CO 80808

(Mailing: P.O. Box 199, Calhan, CO 80808)

Office: (719) 347-2290

<https://saintmichaelcalhan.diocs.org>

Parish ID # \_\_\_\_\_  
Registration Date \_\_\_\_\_  
Envelopes: Yes / No \_\_\_\_\_  
Computer \_\_\_\_\_  
Letter \_\_\_\_\_

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_ Man's Business/Occupation \_\_\_\_\_

Mailing Address \_\_\_\_\_

City and Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Unlisted? \_\_\_\_\_ Woman's Business/Occupation \_\_\_\_\_

Area or Subdivision \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Our family would like to receive: Weekly envelopes \_\_\_\_\_ Bi-monthly envelopes \_\_\_\_\_

Marital Status: (Circle one) Single Church Marriage (by Catholic Priest/Deacon) Married  
Separated Divorced Widowed Second Marriage

If Church Marriage - Date: \_\_\_\_\_ Church Name/ Location: \_\_\_\_\_

NAME		BIRTHDATE	RELIGION	SACRAMENTS			
			(i.e., Catholic, Lutheran, etc.)	Check if you have received the Sacrament			
				Baptism	Penance	First Communion	Confirmation
Man							
Woman (include Maiden Name)							
Children (Living at home) (including their birth sex)							

