

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)	Sex						

