



PARISH REGISTRATION

Please fill out all the information below. Email completed form to ginap@ctkccnv.org or drop by the office to submit the form.

Applicant/s Information

Today's Date: _____

Please Select One:

- New Registration
 Change of Name/Address/Phone
 Moving, remove from mailing list

Family Last Name: _____

Male: _____ Date of Birth: _____ Religion: _____
 (Full Name)

Marital Status: Single Married Civil Marriage/Non-Catholic Religion Widowed Divorced Separated
 Sacraments Received: Baptized Confirmed Married in a Catholic Church

Female: _____ Date of Birth: _____ Religion: _____
 (Full Name)

Marital Status: Single Married Civil Marriage/Non-Catholic Religion Widowed Divorced Separated
 Sacraments Received: Baptized Confirmed Married in a Catholic Church

Address: _____ Unit #: _____
 City: _____ State: _____ ZIP: _____
 Best Phone Number to reach you: _____
 Email: _____ Would you like to receive weekly envelopes? Yes No

Children Under 18 Years of Age

Full Name	Boy	Girl	Date of Birth	School Grade Level	Sacraments Received		
					Baptism	First Holy Communion	Confirmation
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list additional children in a separate page.

Email completed form to ginap@ctkccnv.org or drop off at the Parish Office 4925 S. Torrey Pines Drive Las Vegas, NV 89118.