



Saint Florian Church

A Pennsylvania Charitable Trust
Reverend John A. Sedlak, Pastor
4263 Route 981 ♦ PO Box 187 ♦ United, PA 15689
Voice: (724)423-4431 ♦ Fax: (724)423-4438 ♦ Website: saintflorian.org

New Parishioner Registration Form

FAMILY INFORMATION

Head of Household: _____ Spouse: _____
Last Name: _____ Last Name: _____
First Name: _____ First Name: _____
Middle Name: _____ Middle Name: _____
Title: _____ Title: _____
Maiden Name: _____ Maiden Name: _____

Child 1: _____ Child 2: _____
Last Name: _____ Last Name: _____
First Name: _____ First Name: _____
Middle Name: _____ Middle Name: _____

Child 3: _____
Last Name: _____ (For more than 3 children, please
First Name: _____ request additional forms)
Middle Name: _____

Address Line1: _____
Address Line2: _____
City / State: _____ Zip Code: _____

Is this address also your mailing address? If not, Mailing Address:

Address Line1: _____
Address Line2: _____
City / State: _____ Zip Code: _____

Phone Numbers: _____ Circle one: _____ Unlisted: _____ Text Messages: _____
_____ Home / Office/ Cell / Other Yes No Yes No
_____ Home / Office/ Cell / Other Yes No Yes No
_____ Home / Office/ Cell / Other Yes No Yes No

Family Email: _____

HEAD OF HOUSEHOLD: MEMBER INFORMATION

Name: _____ Gender: Male Female
Birthdate: ___/___/_____

Phone: _____ Home / Office/ Cell / Other Yes No Yes No

Email: _____

Birthplace: _____ Father: _____
_____ Mother: _____
Mother's Maiden Name: _____

SACRAMENTS

Baptism:
Date: ___/___/_____ Baptismal Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Sponsor(s): _____

First Communion:
Date: ___/___/_____ Church Name: _____
Performed by: _____ Church Address: _____

Confirmation:
Date: ___/___/_____ Confirmation Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Sponsor(s): _____

Reconciliation:
Date: ___/___/_____ Church Name: _____
Performed by: _____ Church Address: _____

Marriage:
Date: ___/___/_____ Spouse Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Witness(es): _____

STEWARDSHIP

I would be interested in helping in the following Ministries: (Circle all that apply)

- | | | |
|--------------------|-------------------------------|--|
| Lector | Altar Server | Extraordinary Minister of Holy Communion |
| Greeter | Usher | Children's Liturgy of the Word |
| Choir | Cantor | Faith Formation Catechist |
| Evangelization | Adult Education Catechist | Prayer Shawl |
| Altar Society | Catholic Daughters of America | St. Vincent De Paul Society |
| Festival Volunteer | General Fundraising | Church Maintenance Cemeteries |

SPOUSE: MEMBER INFORMATION

Name: _____ Gender: _____ Male Female
Birthdate: ____/____/_____

Phone: _____ Home / Office/ Cell / Other Yes No Yes No

Email: _____

Birthplace: _____ Father: _____
_____ Mother: _____
Mother's Maiden Name: _____

SACRAMENTS

Baptism:

Date: ____/____/_____ Baptismal Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Sponsor(s): _____

First Communion:

Date: ____/____/_____ Church Name: _____
Performed by: _____ Church Address: _____

Confirmation:

Date: ____/____/_____ Confirmation Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Sponsor(s): _____

Reconciliation:

Date: ____/____/_____ Church Name: _____
Performed by: _____ Church Address: _____

Marriage:

Date: ____/____/_____ Spouse Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Witness(es): _____

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CHILD 1: MEMBER INFORMATION

Name: _____ Gender: _____ Male Female
Birthdate: ____/____/_____

Phone: _____ Home / Office/ Cell / Other Yes No Yes No

Email: _____

Birthplace: _____ Father: _____
_____ Mother: _____
Mother's Maiden Name: _____

SACRAMENTS

Baptism:
Date: ____/____/_____ Baptismal Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Sponsor(s): _____

First Communion:
Date: ____/____/_____ Church Name: _____
Performed by: _____ Church Address: _____

Confirmation:
Date: ____/____/_____ Confirmation Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Sponsor(s): _____

Reconciliation:
Date: ____/____/_____ Church Name: _____
Performed by: _____ Church Address: _____

Marriage:
Date: ____/____/_____ Spouse Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Witness(es): _____

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CHILD 2: MEMBER INFORMATION

Name: _____ Gender: _____ Male Female
Birthdate: ____/____/_____

Phone: _____ Home / Office/ Cell / Other Yes No Yes No

Email: _____

Birthplace: _____ Father: _____
_____ Mother: _____
Mother's Maiden Name: _____

SACRAMENTS

Baptism:
Date: ____/____/_____ Baptismal Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Sponsor(s): _____

First Communion:
Date: ____/____/_____ Church Name: _____
Performed by: _____ Church Address: _____

Confirmation:
Date: ____/____/_____ Confirmation Name: _____
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Date: ____/____/_____ Church Name: _____
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Marriage:
Date: ____/____/_____ Spouse Name: _____
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CHILD 3: MEMBER INFORMATION

Name: _____ Gender: _____ Male Female
Birthdate: ____/____/_____

Phone: _____ Home / Office/ Cell / Other Yes No Yes No

Email: _____

Birthplace: _____ Father: _____
_____ Mother: _____
Mother's Maiden Name: _____

SACRAMENTS

Baptism:
Date: ____/____/_____ Baptismal Name: _____
Performed by: _____ Church Name: _____
Church Address: _____
Sponsor(s): _____

First Communion:
Date: ____/____/_____ Church Name: _____
Performed by: _____ Church Address: _____

Confirmation:
Date: ____/____/_____ Confirmation Name: _____
Performed by: _____ Church Name: _____
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