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PARISHIONER REGISTRATION FORM

EMMANUEL CATHOLIC CHURCH

15700 South Military Trail, Delray Beach, FL, 33484

CONTACT INFORMATION						
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Apartment # PO Box:	you wish to receive envelopes? Yes or No					
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First Name: Male or	Female Date of Birth (MM/DD/YY)					
Occupation: Religion:						
Sacraments Received Please check all that apply: Baptism Reconciliation First Communion Confirmation						
Marital Status: Single Married Widowed Divorced						
Married by: Catholic Priest Minister Justice of the peace						
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First Name: Male or	Female Date of Birth (MM/DD/YY)					
Occupation: Religion:						
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First Name:	Male or Female DOB (MM/DD/YY)	Religion:
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Sacraments received: Baptism	Reconciliation First Communion Confirmation_	