Christ the King Catholic Church Parish registration form

Please drop off in person or mail to 1111 Stevens Dr. Richland, WA 99354 ph: 946-1675

Family Information	tion Check if you would NOT like to receive contribution envelopes						
Family last name:	Email address:				Home phone:		
Mailing address:							
<u> </u>				(city)	(state)	(zip code)	
Physical address:							
(if different from above)				(city)	(state)	(zip code)	
			Marital S	Status			
(please circle)							
Single M	Married in the Cath	olic Church	٠.	Narried elsewhere	Divorced	Widowe	ed
Adult male							
Addit Male							
Name:	Birthdate:			Work or cell number:			
Occupation:			Emn	lover:			
Occupation: Employer: (please circle all that apply)							
Baptized Catholic				Confirmation			
Adult Female							
Name:	Birthdate: Work or cell number:						
Maiden name:	Occupation: Employer:						
		(please circle a	ll that apply)			
Baptized Catholic	Baptized other	Fir	st Communion	Confirmation	in RCIA	Attends CK chur	ch
		Childre	n who prese	ntly live with you			
First name	Last Name	Gender	Birthdate	Catholic baptism	Baptized other	First communion	Confirmation