

CHRIST THE KING CATHOLIC CHURCH - REGISTRATION FORM
4000 N Rodney Parham Rd, Little Rock, AR 72212 - 501/225-6774 - www.ctlkr.org

(For Office Use Only)

ID _____ PDS _____

PAS _____ WEL _____

FAMILY INFORMATION

DATE _____

Title: Mr. & Mrs. Mr. Mrs. Miss Ms. Dr. Other _____

Last Name _____ Head of Household First _____ Spouse First _____

Street Address (Number, Street, City, Zip) _____

Home Phone _____ Cell Phone _____

Marital Status: Single Widowed Divorced Separated

Married: Date _____ Place (Church, City, State) _____

E-Mail (s) _____

MEMBER INFORMATION

Head of Household or Catholic Member:

Last Name _____ First _____ M Initial _____ Nickname _____ Maiden Name _____

Male Female Date of Birth _____ Religion _____

Place of Employment _____ Occupation _____

Business Phone _____ Other (Cell/Pager) _____

Ethnicity: Caucasian African-American American Indian Asian Hispanic Other _____

Education: High School Grad College College Grad Post Grad Other _____

Sacraments: Date/Place Baptism (Church, City, State) _____

Date/Place First Communion _____

Date/Place Confirmation _____

Spouse:

Last Name _____ First _____ M Initial _____ Nickname _____ Maiden Name _____

Male Female Date of Birth _____ Religion _____

Place of Employment _____ Occupation _____

Business Phone _____ Other (Cell/Pager) _____

Ethnicity: Caucasian African-American American Indian Asian Hispanic Other _____

Education: High School Grad College College Grad Post Grad Other _____

Sacraments: Date/Place Baptism (Church, City, State) _____

Date/Place First Communion _____

Date/Place Confirmation _____

Children Residing with Family (Under 18 Years of Age or Dependent):

(1) Last Name _____ First _____ M Initial _____ Nickname _____

Male Female Date of Birth _____ Religion _____ School _____ Grade _____

Ethnicity: Caucasian African-American American Indian Asian Hispanic Other _____

Sacraments: (Date/Place) Baptism _____ First Communion _____

Confirmation _____

(2) Last Name _____ First _____ M Initial _____ Nickname _____

Male Female Date of Birth _____ Religion _____ School _____ Grade _____

Ethnicity: Caucasian African-American American Indian Asian Hispanic Other _____

Sacraments: (Date/Place) Baptism _____ First Communion _____

Confirmation _____

(3) Last Name _____ First _____ M Initial _____ Nickname _____

Male Female Date of Birth _____ Religion _____ School _____ Grade _____

Ethnicity: Caucasian African-American American Indian Asian Hispanic Other _____

Sacraments: (Date/Place) Baptism _____ First Communion _____

Confirmation _____

(4) Last Name _____ First _____ M Initial _____ Nickname _____

Male Female Date of Birth _____ Religion _____ School _____ Grade _____

Ethnicity: Caucasian African-American American Indian Asian Hispanic Other _____

Sacraments: (Date/Place) Baptism _____ First Communion _____

Confirmation _____

PLEASE USE SECOND FORM FOR ADDITIONAL CHILDREN.