



Corpus Christi Catholic Church

300 North Tanque Verde Loop Road, Tucson, AZ 85748

Phone: (520) 751-4235 + Fax: (520) 751-1304

www.cccctucson.org

Parish Registration Form

Date: _____

Last Name: _____

Birthdate _____

First Name: _____

Marital Status: _____

Spouse's Name: _____

Spouse's Birthdate _____

Address: _____

City: _____ State _____ Zip Code: _____

Home Phone: _____ Your Cell Phone: _____ Spouse's Cell Phone: _____

Your E-mail Address: _____ Spouse's E-mail Address: _____

If you are a partial year resident, please give dates at your alternate address From: _____ To: _____

Alternate Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Employment & Talent Information

Yourself: Retired? If retired, please give previous employer, position, and occupation

Employer: _____ Occupation: _____

Gifts/talents you could share with Corpus Christi: _____

Spouse: Retired? If retired, please give previous employer, position, and occupation

Employer: _____ Occupation: _____

Gifts/talents you could share with Corpus Christi: _____

Children (living with you)

First Name: _____ Sex: _____ Birthday (mm/dd/yyyy): _____ Current Grade: _____

First Name: _____ Sex: _____ Birthday (mm/dd/yyyy): _____ Current Grade: _____

First Name: _____ Sex: _____ Birthday (mm/dd/yyyy): _____ Current Grade: _____

First Name: _____ Sex: _____ Birthday (mm/dd/yyyy): _____ Current Grade: _____

I Would Like to Be Contacted About these Areas of Interest

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Activities | <input type="checkbox"/> Adult Faith Formation | <input type="checkbox"/> Altar Linens | <input type="checkbox"/> Art and Environment |
| <input type="checkbox"/> Bereavement Hospitality | <input type="checkbox"/> Bread Baking | <input type="checkbox"/> Breast Cancer Support | <input type="checkbox"/> Bridge |
| <input type="checkbox"/> Building Buck\$ Seller | <input type="checkbox"/> CC Catholic Book Club | <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Faith Sharing Community |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Health Ministry | <input type="checkbox"/> Helping Hands/Office Help | <input type="checkbox"/> Hiking Club |
| <input type="checkbox"/> Historian | <input type="checkbox"/> Homebound Eucharist | <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Landscape Helpers |
| <input type="checkbox"/> Lectors | <input type="checkbox"/> Library | <input type="checkbox"/> Liturgical Life | <input type="checkbox"/> Music Ministry |
| <input type="checkbox"/> Outreach Ministry | <input type="checkbox"/> Nursery Care | <input type="checkbox"/> Prayer Chain | <input type="checkbox"/> Poker |
| <input type="checkbox"/> Shawl Ministry | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Ushers | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Weekend Receptionist | <input type="checkbox"/> Welcoming Ministry | <input type="checkbox"/> WEST (Widows Enjoying Support Time) |
| <input type="checkbox"/> Women's Retreat Ministry | | | |

Please indicate if someone in your household is interested in helping/participating in the following:

Sacramental Preparation

Infant Baptism: _____

1st Reconciliation: _____

1st Communion: _____

Teen Confirmation: _____

Adult Sacrament: _____

Marriage: _____

Sponsor Couples: _____

Children's Ministry

Religious Education: _____

Cub Pack 747: _____

Youth Ministry

Youth Group: _____

Altar Server: _____

Boy Scouts 747: _____

Venture Crew 747: _____

Please click, **File, Save as** and save this form on your computer. You can then print the completed form and bring it to the office or **click the Submit by Email button** to send it to Alissa from your email program.