



PARISH REGISTRATION FORM / CHANGE OF ADDRESS

ASSUMPTION CATHOLIC PARISH, UMBILO, DURBAN
Telephone: 031-2053385/0312053386 P. O. Box 59176, UMBILO. 4075
email: asumbilo@mweb.co.za website: www.assumptiondurban.org

CONFIDENTIAL (PLEASE PRINT CLEARLY) DATE: _____

Tick appropriate box:

Married		Single		Widow/Widower		Divorced		Separated	
Newly Registered Parishioner			Parishioner with New Address						

SURNAME: Mr & Mrs/Mr/Mrs/Dr/Ms/ _____

ADDRESS: _____

_____ **POSTAL CODE** _____

TEL HOME _____ **CELL:** _____ **BUSINESS** _____

SPOUSE: CELL: _____ **BUSINESS:** _____

EMAIL: _____ **EMAIL (Spouse):** _____

CHRISTIAN NAMES	BIRTH DATE	BAPTISM DATE	CONFIRMED DATE	RELIGION	OCCUPATION
Husband:					
Wife: (Maiden Name):					
Single:					

DEPENDENT CHILDREN: *(Please enter DATES in appropriate columns)*

FULL NAME	BIRTH DATE	BAPTISM DATE	1st COMMUNION DATE	CONFIRMED DATE
1.				
2.				
3.				
4.				
5.				

OTHER PEOPLE LIVING IN HOUSE: *(STATUS means, for example: Mother, working child, boarder,*

Full Names	Religion	Occupation	Status