



Family Registration Information

Office Use Only: # _____

The information you provide on this form is of great value to St. Ann's in conducting the parish ministry for you and your family. After gathering your records, completing this form takes about 20 minutes – make sure to complete both pages. This information should be returned as soon as possible by mail: St. Ann Catholic Church, 3635 Park Road Charlotte, NC 28209, by email: stanncharlotte@charlottediocese.org, by fax: 704-527-8671. Please contact the church office with any questions: 704-523-4641.

Please answer all applicable questions:

Previous Parish: _____ City: _____ State: _____

Mail Addresses to (circle one or two): Dr. Dr. & Mr. Mr. & Mrs. Ms. Miss.

Your Name (Last) _____ (First) _____

Spouse's Name (Last) _____ (First) _____

Address (Street) _____ (check if unlisted phone)

(City, State Zip code) _____ Home Phone _____

Your Employer _____ Occupation _____

Work Phone _____ Email Address _____ (check to receive Friday Five)

Spouse Employer _____ Occupation _____

Work Phone _____ Email Address _____ (check to receive Friday Five)

Would you be interested in offering your time and talent to one of St. Ann's Parish Organizations? (Check applicable areas of interest)

	Liturgy	Education & Community	Parish Life	Evangelization & Communication	Ecumenism
Self:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others: (Name)					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Interests? _____



Model Release – Photograph or Video

(Print name) _____, being of legal age, in valuable consideration do hereby consent and authorize St. Ann Catholic Church, to use and reproduce my name, voice, musical performance, and / or composition, photography or photographs, taken or recorded by St. Ann Catholic Church and circulate the same for any and all purposes, including publications, and advertising of all kinds and description in all media including radio, television, or video presentation.

I further release St. Ann Catholic Church, from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claims based on, arising out of connected with the use of said name and photograph. No representations have been made to me.

Name: _____

Signature/Date: _____

Parishioner (circle one): YES NO

Address: _____

If the participant is less than 18 years of age, a parent or guardian must sign below on behalf of the participant.

Print Parent/Guardian Name: _____

Signature of Parent/Guardian/Date: _____

Witness (Signature) _____ (Print) _____