

St. Justin-St. Michael Parish Registration Form

Today's Date: _____

Please submit the completed form by either:

- Placing in the collection basket
- Hand deliver to any usher after Mass
- Mail to: St. Justin-St. Michael Parish Office
230 Blue Hills Ave, Hartford, CT 06112
- Faxing to parish office: 860-246-6898
- Email: saintjustin.saintmichael@gmail.com

If you have any questions, please contact the Parish Office:
860-246-6897

Registrant's Full Name: _____

Address: _____

Phone: _____ **Occupation:** _____

E-mail: _____

This Registration is: _____ **New** _____ **Updated**

Religion: _____ **If not Catholic, are you interested in becoming a Catholic?**

Please circle Yes or No:

Baptized? Yes/No **First Communion?** Yes/No **Confirmed?** Yes/No

Registrant's Spouse's Full Name: _____

Phone: _____ **Occupation:** _____

E-mail: _____

This Registration is: _____ **New** _____ **Updated**

Religion: _____ **if not Catholic, interested in becoming a Catholic?**

Please circle Yes or No:

Baptized? Yes/No **First Communion?** Yes/No **Confirmed?** Yes/No

St. Justin-St. Michael Parish- 230 Blue Hills Ave Hartford, CT. 06112 Ph. 860 246 6897
 Email:saintjustin.saintmichael@gmail.com

List all ADDITIONAL members of the household 21 and under - including those away at school

Please indicate those in need of Sacraments by placing a check mark (✓) next to their name(s)

Full Name	D.O.B	M/F	Relation	Sacraments Received	School/Occupation

Other members living in your household 21 and over- including those away at school, and serving in the military

Full Name	D.O.B	M/F	Relation	Phone/Email	School/Occupation