

**St. Patrick's, Enderlin**  
**Holy Trinity, Fingal**  
**Our Lady of the Scapular, Sheldon**  
Email: stpatrick@mlgc.com  
Website: <http://www.enderlinfingalsheldon.org>

Rev. Christopher Markman, Pastor  
302 Bluff St.  
Enderlin, ND 58027  
Tel. 701-347-2791

## **Church Registration Form**

INFORMATION ON THIS FORM WILL BE HELD CONFIDENTIAL AND IS OPEN TO ONLY YOU AND THE PASTOR  
PLEASE FILL OUT FRONT AND BACK SIDE AND RETURN TO CHURCH OFFICE OR PLACE IN OFFERTORY

Today's Date: \_\_\_\_\_

Church you are registering for (please circle):    *St. Patrick's*      *Holy Trinity*      *Our Lady of the Scapular*

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone/Cell Number(s): (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Is there anything our church can do to help you in your relationship with Jesus and His Church?

\_\_\_\_\_

Does your family have any hobbies or special interests or talents? \_\_\_\_\_

\_\_\_\_\_

Which church were you last registered at? Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

What ministries were you involved with at your last church? \_\_\_\_\_

\_\_\_\_\_

Are you interested in being involved in any ministries here? If yes, what? \_\_\_\_\_

\_\_\_\_\_

\*\*\*PLEASE FILL OUT OTHER SIDE TOO\*\*\*



St. Patrick's  
302 Bluff St.  
Enderlin, ND 58027



Holy Trinity  
419 1<sup>st</sup> Ave.  
Fingal, ND 58031



Our Lady of the Scapular  
145 Crosswell St.  
Sheldon, ND 58068

DESCRIPTION	ADULT MALE	ADULT FEMALE	CHILD/OTHER (RELATIONSHIP) AT HOME	CHILD/OTHER (RELATIONSHIP) AT HOME	CHILD/OTHER (RELATIONSHIP) AT HOME	CHILD/OTHER (RELATIONSHIP) AT HOME
FIRST NAME MIDDLE NAME						
MAIDEN NAME	*****		*****	*****	*****	*****
BIOLOGICAL SEX: (MALE / FEMALE)	MALE	FEMALE				
DATE OF BIRTH (MM/DD/YYYY)						
RELIGIOUS DENOMINATION						
MARITAL STATUS  (SINGLE, MARRIED, WIDOWED, SEPARATED, DIVORCED, REMARRIED, NEED ANNULMENT)			*****	*****	*****	*****
PRACTICING CATHOLIC (YES OR NO)						
BAPTISM (DATE, NAME OF CHURCH, CITY, STATE)						
FIRST EUCHARIST (YES OR NO)						
FIRST RECONCILIATION (YES OR NO)						
CONFIRMATION (YES OR NO)						
MARRIAGE (DATE, NAME OF CHURCH, CITY, STATE)			*****	*****	*****	*****
OCCUPATION (COMPANY)			*****	*****	*****	*****
WORK PHONE NUMBER			*****	*****	*****	*****
LIST ANY DISABILITIES						
GRADE LEVEL OF SCHOOL	*****	*****				