



SAINT KEVIN CHURCH
 333 SANDY LANE WARWICK R.I.
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 + FAX: 401.732.2832

Welcome to St. Kevin's Parish! In order to best serve you, it is necessary that you fill out this form completely. Should you have any questions, please call the office at 737-2638 ext. 1.

Date Registered: _____ Budget Number (completed by office staff) _____

Family Last Name: _____

Address: _____ City _____ Zip Code _____

Phone #: _____ Email: _____

First Name: _____ (Please Circle One) Mr. Mrs. Ms. Miss Other: _____

Date of Birth: _____ Maiden Name (if applicable): _____

Sacraments (Circle all received): Baptism 1st Communion Confirmation Marriage

First Name: _____ Maiden Name (if applicable): _____

(Please Circle One) Mr. Mrs. Ms. Miss Other: _____ Date of Birth: _____

Sacraments (Circle all received): Baptism 1st Communion Confirmation Marriage

Marital Status (please circle): Single Married Divorced Widowed

Please complete the following questions for the children of your household:

First Name: _____ Date of Birth: _____

Sacraments (Circle all received): Baptism 1st Communion Confirmation Marriage

First Name: _____ Date of Birth: _____

Sacraments (Circle all received): Baptism 1st Communion Confirmation Marriage

First Name: _____ Date of Birth: _____

Sacraments (Circle all received): Baptism 1st Communion Confirmation Marriage

First Name: _____ Date of Birth: _____

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