



# Parish Registration St. Agnes Catholic Church

7775 Vanderbilt Beach Rd., Naples, FL 34120

Phone: 239-592-1949 Fax: 239-325-1150

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en Español: [mision\\_st\\_agnes@yahoo.com](mailto:mision_st_agnes@yahoo.com)

Family Name \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Local Subdivision \_\_\_\_\_

Northern Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Marital Status \_\_\_\_\_ Date of Marriage \_\_\_\_\_

TITLE: Mr., Dr., etc. \_\_\_\_\_

First Name \_\_\_\_\_

DOB \_\_\_\_\_

Religion \_\_\_\_\_

TITLE: Mrs., Ms., Miss., etc. \_\_\_\_\_

First Name \_\_\_\_\_

DOB \_\_\_\_\_

Religion \_\_\_\_\_

Child First Name \_\_\_\_\_

DOB \_\_\_\_\_ M or F \_\_\_\_\_

Religion \_\_\_\_\_

Baptized \_\_\_\_\_

1st Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

Current Grade \_\_\_\_\_

Child First Name \_\_\_\_\_

DOB \_\_\_\_\_ M or F \_\_\_\_\_

Religion \_\_\_\_\_

Baptized \_\_\_\_\_

1st Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

Current Grade \_\_\_\_\_

Child First Name \_\_\_\_\_

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Religion \_\_\_\_\_

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Religion \_\_\_\_\_

Baptized \_\_\_\_\_

1st Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

Current Grade \_\_\_\_\_

Members of our family are interested in serving in the following ministries of the Parish. Please check.

<input type="checkbox"/> Altar Servers	<input type="checkbox"/> Ministers of Hospitality	<input type="checkbox"/> Eucharistic Minister	<input type="checkbox"/> Lector
<input type="checkbox"/> Youth Ministry	<input type="checkbox"/> RCIA	<input type="checkbox"/> Hospital & Homebound	<input type="checkbox"/> Bible Study
<input type="checkbox"/> Religious Education	<input type="checkbox"/> Bereavement Ministry	<input type="checkbox"/> After Mass Fellowship	<input type="checkbox"/> Baptism Preparation
<input type="checkbox"/> Knights of Columbus	<input type="checkbox"/> Ladies of St. Agnes	<input type="checkbox"/> Marriage Preparation	<input type="checkbox"/> Young Adult Ministry