



**Saints Michael, Raphael and Gabriel
Catholic Church**

The Archangels Parish

1, Mission Street, Satellite Town Lagos.

Note: The form should be Filled in CAPITAL LETTER

INDIVIDUAL REGISTRATION FORM

AFFIX
PASSPORT
PHOTOGRAPH

Name:

Title Surname First Name Last Name

Address:

Tel 1. No:

Gender:

Marital Status:

Tel 2. No:

Date of Birth:

Age Category: Children Youth Adult Ageing

Blood Group:

Genotype:

Age Range:

6 - 10 11-15 16 - 20 21 - 25 26 - 30 31 - 35 36 - 40 41 -45 41 - 45

46 - 50 51-55 56 - 60 61 - 65 66 - 70 71 - 75 76 - 80 81 -85 86 - 90

Country:

State:

Home Town/Village:

Parishioner Status: Employed

Unemployed

Student

Dependant

Year of Joining the Parish:

Occupation:

Pls Specify :

EDUCATIONAL DETAILS

Level of Education: 1st School Leaving S.S.Certificate Diploma Graduate Post Graduate

Qualification: (Please Specify your Degree/Discipline)

SOCIETY / COMMUNITY DETAILS

Statutory Organization: C.M.O

C.W.O

C.Y.A.A

C.Y.O.N

YOMM

HCA

None

Are you a Member of a Pious Society? YES

NO

If Yes, Name of Society?

1.

3.

2.

4.

Are you a Member of SCC? YES NO if Yes, Name of Community:

SERVICE DETAILS

What talent(s) or service(s) are you willing to offer the church?

1.

3.

2.

4.

Which Sunday Mass do you often attend?

Who do you know in the parish (Pls Name and Telephone)?

Name:

Tel 1:

Tel 2:

SACRAMENTS DETAILSAre you Baptised? YES NO If Yes, Name of Parish: State/Town of Parish: Date of Baptism: Are you a Communicant? YES NO If Yes, Name of Parish: State/Town of Parish: Date of Holy Communion: Are you Confirmed? YES NO If Yes, Name of Parish: State/Town of Parish: Date of Confirmation: Are you Married? YES NO If Yes, Name of Parish: State/Town of Parish: Date of Marriage? **IF MARRIED, FILL THIS SECTION****FAMILY DETAILS**Are you Married? YES NO If Yes, Family Name Spouse Name: Spouse Tel No: Tel 2 : Are you with Children? YES NO If Yes, Number of Children:

Names of Children:

- | | |
|-------------------------|--------------------------|
| 1. <input type="text"/> | 6. <input type="text"/> |
| 2. <input type="text"/> | 7. <input type="text"/> |
| 3. <input type="text"/> | 8. <input type="text"/> |
| 4. <input type="text"/> | 9. <input type="text"/> |
| 5. <input type="text"/> | 10. <input type="text"/> |

Are you with Dependant? YES NO If Yes, Number of Dependant:

Names of Dependant

- | | |
|-------------------------|--------------------------|
| 1. <input type="text"/> | 6. <input type="text"/> |
| 2. <input type="text"/> | 7. <input type="text"/> |
| 3. <input type="text"/> | 8. <input type="text"/> |
| 4. <input type="text"/> | 9. <input type="text"/> |
| 5. <input type="text"/> | 10. <input type="text"/> |

FOR OFFICIAL USE ONLYDate of Registration: Registration Number: Family Registration Number: