ST. ANN of the Dunes
We remember. We celebrate. We believe.

Date: / /

2026 Registration Form

(Please print)

Family (Last) Name: First Name(s):		Mr. & Mrs., Mr., Mrs., Ms, Miss, Dr., (Circle One) Other
Primary Address:		City, State, Zip
Secondary Address:		City, State, Zip
E-Mail Addresses:		
Home Phone:	Cell Phone:	Other Phone:

Permanent Parishioner ☐ Summer Parishioner ☐ **Please Send us Envelopes** ☐

Please fill out as much as possible

In order to provide accurate information in times of need, it is very important that we have current information for all of our parish families. In accordance with the Privacy Act no information you provide on this form will be shared with any other entity without your explicit consent.

Head of Household (Name):	**Spouse (First & Maiden Name):**
Marital Status (Circle One Below): Catholic Church Marriage Date: / /	
Church: City: State:	
Divorced Civil Marriage Annulment Separated Remarried Widowed	
Single Ethnicity/Race:	Ethnicity/Race:
Education (Check One): High School ☐ No ☐ Yes College ☐ No ☐ Yes Degree	Education (Check One): College ☐ No ☐ Yes High School ☐ No ☐ Yes Degree
Occupation:	Occupation:
Place of Employment:	Place of Employment:
Work Phone Number:	Work Phone Number:
Date of Birth:	Date of Birth:
Religion:	Religion:
Baptized: ☐ No ☐Yes Date:	Date:
Church: City & State:	Church: City & State:
1st Communion: ☐ No ☐ Yes Date:	1st Communion: ☐ No ☐ Yes Date:
Church: City & State:	Church: City & State:
Confirmation: ☐ No ☐ Yes Date:	Confirmation: ☐ No ☐ Yes Date:
Church: City & State:	Church: City & State:

First Child
Name:
Date of Birth:
Religion:
Baptized: • No • Yes Date:
Church:
City & State:
1st Communion: • No • Yes Date:
Church:
City & State:
Confirmation: • No • Yes Date:
Church:
City & State:

Second Child
Name:
Date of Birth:
Religion:
Baptized: • No • Yes Date:
Church:
City & State:
1st Communion: • No • Yes Date:
Church:
City & State:
Confirmation: • No • Yes Date:
Church:
City & State:

Third Child
Name:
Date of Birth:
Religion:
Baptized: • No • Yes Date:
Church:
City & State:
1st Communion: • No • Yes Date:
Church:
City & State:
Confirmation: • No • Yes Date:
Church:
City & State:

Fourth Child
Name:
Date of Birth:
Religion:
Baptized: • No • Yes Date:
Church:
City & State:
1st Communion: • No • Yes Date:
Church:
City & State:
Confirmation: • No • Yes Date:
Church:
City & State:

Ministry Survey

Note: Please indicate, as appropriate, who would be willing to share time and talents with St Ann=s Community:
H=Head of Household, S=Spouse, 1=First Child, 2=Second Child (etc.)

Activity of Interest	*Active*	*Interested*	*Please Contact*
Altar Servers (Children)			
Choir (Adult/Children)			
Eucharistic Minister			
Greeter/Usher			
Resurrection Choir/Server (for Funerals)(Adults Only)			
Lectors			
RCIA/RCIC			
Pastoral Council/Parish Commission			
Eucharist to Homebound/Homebound Visitation			
Rectory Volunteers			
Youth Group			
SCRIP Sales:			
Other Talents (Please list):			