

CHRIST THE KING CATHOLIC CHURCH

Membership Registration Form

Check One: Married If Yes Catholic Church Marriage Civil Marriage Other Church Marriage
 If No Single Divorced Widow(er) Separated

Family Last Name: _____ Wife's Maiden Name: _____ Address: _____ Family Home Phone: _____ City: _____ Zip: _____ Fax Number: _____ Unlisted Phone Number? Yes <input type="checkbox"/> No <input type="checkbox"/> Can it be listed in a Church Directory? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____ Previous Parish Name: _____ City/State: _____
Email: (Family-very important) _____ (His Email) _____ (Her Email) _____	Cell Phone and/or Pagers: <i>(please indicate C or P)</i> (His) _____ (Her) _____

*Baptism **Reconciliation (Confession) ***1st Eucharist ****Confirmation

Family Member Names	Birthdate MM/DD/YY	Gender M/F	Employer Name	Position	Bus. Phone	Religion	Bap* Y/N	Rec** Y/N	Euc*** Y/N	Con**** Y/N	Current School	Grade This Yr

Volunteer Interests:

- Altar Society
- Community Outreach Ministry
- Eucharistic Ministry
- Lector
- Men's Group
- Music Ministry
- St. Anne's Society
- St. Vincent de Paul
- Single's Group
- Youth Ministry

Please return in collection, mail or fax to:
 Christ the King Church 8017 Preston Road, Dallas, TX
 75225-5497 FAX: 214-365-1205

Or Email to: Ininesling@CTKdallas.org

Please visit our website for other opportunities:
 Church: www.CTKdallas.org
 School: www.CKS.org