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: _____ Date: _____

Address: _____ Family Home Phone: _____ Previous Parish Name: _____

City: _____ Zip: _____ Fax Number: _____ City/State: _____

Unlisted Phone Number? Yes ☐ No ☐

Can it be listed in a Church Directory? Yes ☐ No ☐

Email: (Family-very important) _____

(His Email)_____

(Her Email) _____

Cell Phone and/or Pagers:

(please indicate C or P)

(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:

Alter Society – Circles of Care ☐
St. Anns ☐
Youth Ministry ☐
Choir ☐
St. Vincent de Paul ☐
Other ☐

SUBMIT NOW

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: parishmail@CTKdallas.org

Please visit our website for other opportunities:

Church: www.CTKdallas.org
School: www.CKS.org