

Today's Date: \_\_\_\_\_

# CHRIST THE KING CATHOLIC CHURCH

## Membership Registration Form

For Office Use Only:  
 ID \_\_\_\_\_ PDS \_\_\_\_\_  
 ENV \_\_\_\_\_ WEL \_\_\_\_\_

Check One:  Married  Divorced  Separated  Widow(er)  Single  Engaged

Catholic Church (or convalidated) Marriage: Date: \_\_\_\_\_ Church (City, State) \_\_\_\_\_

If not married in Catholic Church: Date: \_\_\_\_\_ Church/Place(City, State) \_\_\_\_\_

Circle One: | Miss | Ms | Mrs | Mr & Mrs | Dr | Dr & Mrs | Dr & Mr | Dr & Dr | Other \_\_\_\_\_

Family Last Name: \_\_\_\_\_ Spouse Last Name (if different) \_\_\_\_\_

Address: \_\_\_\_\_ Spouse Maiden Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Numbers: *Print in Directory?* \_\_\_ YES \_\_\_ NO

Email Address: \_\_\_\_\_ If yes, check box to indicate phone number to print in directory:

#1 Email: \_\_\_\_\_ Adult #1 Phone: \_\_\_\_\_

#2 Email: \_\_\_\_\_ Adult #2 Phone: \_\_\_\_\_

Were you ever a member of CTK, LR?  
 If so, dates: \_\_\_\_\_

Previous Parish Name, City & State:  
 \_\_\_\_\_

Dates Registered: \_\_\_\_\_

First Names of Family Members (Nick name)	Birthdate MM/DD/YY	M/F	Employer Name <small>If retired, please put: Retired &amp; Occupation</small>	Job Title	Religion	Baptism	First Communion	Confirmation	School Info	Grade
						<small>MM/DD/YY Parish Name/City</small>	<small>MM/DD/YY Parish Name/City</small>	<small>MM/DD/YY Parish Name/City</small>	<small>Name of School or Homeschool</small>	

Please return to church office, drop in collection basket or mail to:  
**Christ the King Catholic Church ♦ 4000 N Rodney Parham Rd ♦ Little Rock, AR 72212-2443**