GUARDIAN ANGELS

REGISTRATION/ CENSUS AND SURVEY 1843 W. 52nd Ave, Denver, CO 80221 (303) 433-8361; fax (303) 477-2066

email: GAChurchDen@aol.com www.GuardianAngelsChurchDenver.org

Update

Circle one:

New Parishioner

Please complete both sides of form. All information is kept confidential.

For Office Use Only #					
Reg. Date					
Logos		SR DCR			
Env W	Bank Trsf	Welcome	_		
Env M	On-Line Giving	Auto Check			

Family Last Name		Address					Ар	t #	
City/Zip		Phone Number: (Ho	me)			(Work)_			
(Please choose one)	bution:weekly env	Marital Status: Single velopesmonthly envelo t transfer auto check pa	pes	_on-line g	jiving			dowed	
		CATHOLIC SACRAN	IENTS R	ECEIVE	D				
PLEASE LIST ONLY CI	HILDREN LIVING AT HOME d attachment)	(Senior residents shou	ld register s	separately	7.)	Ple	ease check the each persor		
	First Name	Maiden Name or Other Last Name	Male/ Female	Birth Date	Religion	Baptism	Reconciliation	Eucharist	Confirmation
ADULT 1									
ADULT 2									
ADULT 3									
Child									
School Grade:									
Child									
School Grade:									
Child									
School Grade:									
Child									
School Grade:									

Guardian Angels Parish

Registration/ Census Survey Page 2

What is your occupation? (Please use Adult 1, Adult 2, Adult 3 designations if multiple adults in the household.)

	hight be interested in knowing more about (eg. Altar & Rosary, Knights of Columbus, Music, Liturgical, Hosts, or skills you might be willing to share:	omebound, C
Please indicate int	erest in obtaining more information about or enrolling children in Guardian Angels School (Pre K through 8) Daycare, or Religious Education classes.	

We welcome you in becoming a part of our parish family!

Please complete both sides of the registration form.