

ALL SAINTS PARISH



Fifth Campus- Online Parishioner

Registration Form
allsaintscatholic.net
Phone: 812-576-4302

For Office Use:
ID # _____
Date _____

Family Last Name _____

Street Address _____ Country _____

City, State, Zip _____ Home Phone _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Would you like to sign up for financial online giving? Yes _____ No _____

(We use allsaintscatholic.weshareonline.org for online giving or bank draft from checking or savings)

Adult Household Member Information

Name: _____
First Middle Last

Date of Birth: _____

Religion: _____

Cell Phone: _____

Email: _____

Name: _____
First Middle Last

Date of Birth: _____

Religion: _____

Cell Phone: _____

Email: _____

Children Household Member Information

Name: _____
First Middle Last

Gender: _____ Birth Date: _____

Email: _____

Name: _____
First Middle Last

Gender: _____ Birth Date: _____

Email: _____

Name: _____
First Middle Last

Gender: _____ Birth Date: _____

Email: _____

Name: _____
First Middle Last

Gender: _____ Birth Date: _____

Email: _____

Would you like to receive weekly parish updates via email? Yes _____ No _____

Would you like to receive daily Mass schedule updates via email? Yes _____ No _____



Subscribe to All Saints Parish
We Are One for live Mass



@allsaintsparishIN



Text App to 88202 to
download myParish App
or visit www.



Instagram

@allsaintsparish1

Thank you for joining our parish family!

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Additional Children Household Member Information

Name: _____
 First Middle Last

Gender: _____ Birth Date: _____

Email: _____

Name: _____
 First Middle Last

Gender: _____ Birth Date: _____

Email: _____

Name: _____
 First Middle Last

Gender: _____ Birth Date: _____

Email: _____

Name: _____
 First Middle Last

Gender: _____ Birth Date: _____

Email: _____

Name: _____
 First Middle Last

Gender: _____ Birth Date: _____

Email: _____

Name: _____
 First Middle Last

Gender: _____ Birth Date: _____

Email: _____