



ST. DENIS, CATHOLIC CHURCH

3/13, Thomas Drive, Akoka/ Bariga, Lagos
Tel: 01-2934732 Email: stdenis@stdenisakoka.org

Membership Registration Form

Form Number:

Date Registered:

SECTION A

PERSONAL DATA

REG. NO:(SDCC) (For Office Use Only)

Surname:

Baptismal Name:

Other Names:

Sex:

Age:

Date of Birth:

Residential Address:

Telephone Number:

Occupation:

Work Place Address:

Mobile Number:

E-mail Address:

BCC Centre:

Year of Joining Church:

SOCIETY DETAILS

Statutory Organization: C.M.O C.W.O C.Y.O.N
None

Are you a Member of a Society? YES NO

If Yes, Name of Society?

SACRAMENTAL DETAILS

Are you Baptized? YES NO

Date of Baptism:

Are you a Communicant? YES NO

Are you Confirmed? YES NO

Date Confirmed?

Are you Married? YES NO

If Yes, Name of Parish?

Date of Marriage

SECTION B

SPOUSE DATA

REG. NO:(SDCC) (For Office Use Only)

Surname:

Baptismal Name:

Other Names:

Sex:

Age:

Date of Birth:

Residential Address:

Telephone Number:

Occupation:

Work Place Address:

Mobile Number:

E-mail Address:

BCC Centre:

Year of Joining Church:

SOCIETY DETAILS

Statutory Organization: C.M.O C.W.O C.Y.O.N
None

Are you a Member of a Society? YES NO

If Yes, Name of Society?

SACRAMENTAL DETAILS

Are you Baptized? YES NO

Date of Baptism:

Are you a Communicant? YES NO

Are you Confirmed? YES NO

Date Confirmed?

Are you Married? YES NO

If Yes, Name of Parish?

Date of Marriage

Please Note: 1. Singles to fill Section A
2. If Married, Fill Section A ,B and C

SECTION C

CHILDREN / WARD LIVING WITH YOU (ENTER RECORDS IN ORDER OF AGE)

(For children and wards under 18 years)

REG. NO: <i>(For Office Use Only)</i>	NAME	RELATIONSHIP	AGE	SEX	PARISHIONER/ INDICATE CHURCH SOCIETY	BAPTIZED	1st HOLY COMMUNION	CONFIRMED
(SDCC)								
(SDCC)								
(SDCC)								
(SDCC)								
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(SDCC)								
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(SDCC)								
(SDCC)								

What talent(s) or service(s) are you willing to offer the Church?

What suggestion(s) do you wish to offer the Church?

What is your assessment of the Church and the Parishioners?

Other comments?

INDICATE NUMBER OF PERSON REGISTERED ON THIS FORM: