



# UB Newman Center Registration Form

| CENTERING OUR  
| COMMUNITY

**Adult 1**

First & Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Unlisted?   
 Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Occupation \_\_\_\_\_

**Adult 2**

First & Last Name \_\_\_\_\_  
 Street Address (If Different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Unlisted?   
 Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Occupation \_\_\_\_\_

Please list all family members including self and check box if sacrament has been received. Add dates if known.

<u>Last Name,</u>	<u>First Name</u>	<u>DOB</u> <small>MM/DD/YY</small>	<u>Baptized</u> <small>(with MM/DD/YY)</small>	<u>1<sup>st</sup> Penance</u> <small>(with MM/DD/YY)</small>	<u>1<sup>st</sup> Communion</u> <small>(with MM/DD/YY)</small>	<u>Confirmed</u> <small>(with MM/DD/YY)</small>	<u>Marriage</u> <small>(If yes please give MM/DD/YY)</small>
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Are you willing to volunteer time for Newman Center activities?

Yes     No     Maybe

Please name any talents or skills you can offer:

**Liturgical involvement or interest:**

- Eucharistic Minister
- Lector
- Hospitality
- Musician
- Sacristan (Set up worship space)

**Are you interested in being contacted regarding the following?**

- Annulment     Adult Confirmation
- RCIA (Becoming Catholic)
- Other (please Specify)