

## **Catholic Registration Form**

Form for Registration or Updating of information within the Catholic Diocese of  
Denmark and the local Catholic Parish

**First Name:** \_\_\_\_\_

**Middle Names:** \_\_\_\_\_

**Last (Family) Name:** \_\_\_\_\_

**Full date of birth & CPR number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Post Number:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Private Tel.:** \_\_\_\_\_ **Mobil Tel.:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**I have received an example of *Information to Catholics on the Catholic Church's Membership Register in Denmark* and I accept that my CPR-number and the above information shall be registered in the membership register of the Roman Catholic Diocese.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Note: Please fill out the above form of registration for each individual Catholic adult and child in your family. Give the completed form(s) to your pastor.