



## ST. ELIZABETH ANN SETON CATHOLIC CHURCH

1401 Coral Ridge Drive, Coral Springs, FL 33071-5420

Tel.: 954.753.3330 · [setonparishoffice@seasrc.org](mailto:setonparishoffice@seasrc.org) ~ [stelizabethannseton.org](http://stelizabethannseton.org)

Rev. Edward M. Kelly, Pastor  
Rev. Mathew Varghese, Associate Pastor

Welcome to our parish family! I am happy that you have chosen to be a part of the St. Elizabeth Ann Seton community. I sincerely hope that you will find your spiritual needs fulfilled with us.

I also want to invite you to become an active member of our parish by being a part of one of our many ministries. Your talents are definitely needed and will enable you to meet many of our parish families. If you have an interest in finding out more about a particular ministry, please contact our office so that we can place you in contact with the Ministry Head.

Please join us in the many opportunities for spiritual growth that are available. We view the weekly celebration of the Eucharist in Mass as our greatest prayer. We encourage active participation in the reading and the homily, singing along with our choir, and responding to the word of our Lord. We also have many educational, social and cultural events where you are most welcome. As a stewardship parish, we aim toward utilizing all of the diverse talents of all of our community.

You will receive your offertory envelopes within a couple of weeks. Many of our parishioners have opted to contribute by way of a bank transfer that is sent to the parish on a bi-weekly or monthly basis. If you are interested in this option, you will find that information attached to this packet.

Together, great things can be accomplished. If there is any way that I can help you grow in your spiritual life, please let me know. I hope that you will introduce yourself to me some Sunday in the near future, so that we might become better acquainted and that I might welcome you more formally.

May the blessing of our Lord be with you and your family always.

Sincerely yours in Christ,

A handwritten signature in black ink that reads 'Rev. Edward M. Kelly'.

Rev. Michael E. Kelly  
Pastor



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### Daily Mass

8:30AM Monday through Friday in the Chapel

### Weekend Mass Schedule

Saturday Vigil: 5:30PM

Sunday Masses: 8:00AM (no music), 10:00AM and 12:00PM Noon

### Reconciliation

Saturday Evenings: 4:00 PM – 5:00 PM

*Or By Appointment – please call the parish office at 954-753-3330*

### Chapel Hours

Monday – Friday 9:00 AM – 3:00 PM

### Eucharistic Adoration

Monday, Tuesday & Friday 9:00 - 10:00AM in the Chapel

### Visitation/Blessing of the Sick

Please call the Parish Office if anyone is sick and wishes to be visited or anointed.

### Baptism\*

For more information, please visit our website at:

[www.stelizabethannseton.org/sacraments/baptism](http://www.stelizabethannseton.org/sacraments/baptism)

### Marriage Preparation\*

For more information, please visit our website at:

[www.stelizabethannseton.org/sacraments/marriage](http://www.stelizabethannseton.org/sacraments/marriage)

***\*You must be a registered/active member of the Parish to receive these sacraments.***

### Office Numbers

Parish Office: 954-753-3330

Monday through Friday - 9:00AM - 3:00PM

Saturday and Sunday - CLOSED

**Religious Education Office: 954-345-7071**

See our webpage for hours of operation.

**Seton Ridge Preschool: 954-345-7178**

**SEAS Youth Line: 954-753-1173**

REV 12/4/2023

# St. Elizabeth Ann Seton Catholic Church

Today's Date: \_\_\_\_\_

Family ID \_\_\_\_\_

Family's Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been registered at St. Elizabeth Ann Seton? ☐ Yes ☐ No If No, Previous parish: \_\_\_\_\_

## PERSONAL INFORMATION

Head of Household Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Home No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Email: \_\_\_\_\_

Baptized: ☐ Yes ☐ No Holy Communion: ☐ Yes ☐ No Confirmed: ☐ Yes ☐ No

Married: ☐ Yes ☐ No If Yes, by Priest: ☐ Yes ☐ No ☐ Single ☐ Widowed ☐ Separated ☐ Divorced

Spouse's (Wife) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouses' (Wife) Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Home No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Email: \_\_\_\_\_

Baptized: ☐ Yes ☐ No Holy Communion: ☐ Yes ☐ No Confirmed: ☐ Yes ☐ No

Family Member's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Baptized: ☐ Yes ☐ No Holy Communion: ☐ Yes ☐ No Confirmed: ☐ Yes ☐ No

☐ Son ☐ Daughter ☐ Other (Please specify) \_\_\_\_\_

Family Member's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Baptized: ☐ Yes ☐ No Holy Communion: ☐ Yes ☐ No Confirmed: ☐ Yes ☐ No

☐ Son ☐ Daughter ☐ Other (Please specify) \_\_\_\_\_

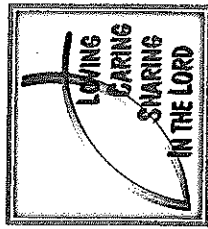
Family Member's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Baptized: ☐ Yes ☐ No Holy Communion: ☐ Yes ☐ No Confirmed: ☐ Yes ☐ No

☐ Son ☐ Daughter ☐ Other (Please specify) \_\_\_\_\_

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# St. Elizabeth Ann Seton Catholic Church

1401 Coral Ridge Dr., Coral Springs, FL 33071

Rev. Edward M. Kelly, Pastor

Phone: (954) 753-3330

## ELECTRONIC CHURCH GIVING

### Modern Day Stewardship Simple and Effective

*Monthly contributions to St. Elizabeth Ann Seton  
have never been so easy...*

We are glad to be able to offer you *Electronic Church Giving* a new way of contributing each month to sustain the work of God at St. Elizabeth Ann Seton Catholic Church.

When you participate, your gift will be transferred conveniently each month by your bank from your checking account directly to St. Elizabeth Ann Seton Catholic Church.

----- Please cut along dotted line and mail or deliver to the Parish Office. -----

- Use this enrollment form to indicate the amount you wish to contribute each month from your checking account.

- Indicate if you would like to receive special collection envelopes.

- Print your name and complete address.

- Sign and date this enrollment form.

*Please transfer the following amounts from my checking account.*

*A voided check is enclosed.*

\$ \_\_\_\_\_ 5th of each month      \$ \_\_\_\_\_ 20th of each month  
\$ \_\_\_\_\_ Offertory Gift      \$ \_\_\_\_\_ Offertory Gift

*Please remember to enclose a voided check.*

FOR CHURCH OFFICE USE ONLY

Member ID Number: \_\_\_\_\_

*Your gift will go further than ever before, because:*

Our income will be more predictable, allowing us to make solid commitments to new projects and current obligations.

Our administrative costs will be reduced.

You may make your contributions even when you are on vacation or are unable to attend the weekend Masses.

As a participant of the program, you are still free to make additional gifts by check or cash as the Lord provides.

☐ Please check here if you would like to receive envelopes for special collections,

*If at any time you wish to suspend your participation, simply notify our office, and we will gladly accommodate you.*

#### PLEASE PRINT CLEARLY

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*St. Elizabeth Ann Seton Catholic Church thanks you  
for your generous and faithful support!*