

# ST. MARY'S CATHOLIC CHURCH REGISTRATION FORM

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

**ID/Envelope #** \_\_\_\_\_  
**Date Received** \_\_\_\_\_  
**Date Entered** \_\_\_\_\_ **By:** \_\_\_\_\_  
*(Office Use Only)*

**FAMILY NAME:** Last: \_\_\_\_\_ **Head of Household:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

Mr./Mrs. Mr. Mrs. Miss. Dr. Other \_\_\_\_\_ Address: \_\_\_\_\_

(mailing address, if different) \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (        )\_\_\_\_\_ (Unlisted: pYes)    Number of children at home: \_\_\_\_\_    E-mail address: \_\_\_\_\_

**MARITAL STATUS:**  Catholic Church Marriage  Married  Single  Divorced  Separated  Widow(er)

*Prefer Contribution Envelopes or Online Giving Information? \_\_\_\_\_ Comments: \_\_\_\_\_*

**MEMBER (S) INFORMATION** (Please print clearly and complete **BOTH** sides and \*list only the children still living at home.)

## ***Sacramental Information***

(Member(s) information continued)

(Please include month, day and year for all dates, if known, and location)

(Please include a copy of your child's baptismal certificate)

	Head (of house)	Spouse	*Child - 1	*Child - 2	*Child - 3	*Child - 4	Other
Baptism	<input type="radio"/> Yes <input type="radio"/> No						
Date:	<u>  /  /  </u> mo. day year						
Baptism Location (name of church, city, and state)							
First Communion	<input type="radio"/> Yes <input type="radio"/> No						
Date:	<u>  /  /  </u> mo. day year						
Location:							
Confirmation	<input type="radio"/> Yes <input type="radio"/> No						
Date:	<u>  /  /  </u> mo. day year						
Location:							
Marriage	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No					
Date:	<u>  /  /  </u> mo. day year	<u>  /  /  </u> mo. day year					
Location:							
Penance	<input type="radio"/> Yes <input type="radio"/> No						
Date:	<u>  /  /  </u> mo. day year						
Location:							