

Saint Mary Catholic Church

New Parishioner Registration

<p>PLEASE PRINT. . . AND FILL OUT ALL SPACES AS COMPLETELY AS POSSIBLE</p> <p>Last Name _____ Primary/Home Phone () _____</p> <p>Home Address _____</p> <p>City/State/Zip _____</p> <p>Former Parish _____ City/State _____</p>	<p>Check if ...</p> <p><input type="checkbox"/> Primary phone is to be unlisted</p> <p><input type="checkbox"/> All phones below are to be unlisted</p>	<p style="text-align: center;"><i>Parish Office Use Only</i></p> <p>Date Rec'd _____</p> <p>Date in LOGOS _____</p> <p>Parishioner No. _____</p> <p>OSV Env. No. _____</p> <p>CM _____ FH _____</p> <p>Bull. _____ Leg of Mary _____</p>
--	--	--

It is important for the parish to have family information in our database. Information is not shared with other organizations.

HEAD OF HOUSEHOLD: Full First Name _____ Preferred First Name _____ M.I. _____

Preferred Title: Dr. Mr. Mrs. Ms. Miss Birthdate _____ MAIDEN NAME: _____

City & State of Birth _____ Gender M F Cell Phone () _____

Email _____ Occupation _____

Work phone () _____ Marital Status (circle one): Married Single Divorced Separated Widowed

Religion _____ Baptized: Y N Date: _____ 1st Communion: Y N Confirmation Y N

Name of Church where Baptized _____ City & State _____

SPOUSE (IF APPLICABLE): Full First Name _____ Preferred First Name _____ M.I. _____

Preferred Title: Dr. Mr. Mrs. Ms. Miss Birthdate _____ MAIDEN NAME: _____

City & State of Birth _____ Gender M F Cell Phone () _____

Email _____ Occupation _____

Work phone () _____ Marital Status (circle one): Married Single Divorced Separated Widowed

Religion _____ Baptized: Y N Date: _____ 1st Communion: Y N Confirmation: Y N

Name of Church where Baptized _____ City & State _____

Date of Marriage: _____ Recognized by Catholic Church? Y N City/State of Marriage _____

Church of Marriage _____

SPECIAL FAMILY CIRCUMSTANCES: Does anyone in your immediate household have special challenges? (e.g., developmental, hearing, vision, ambulatory, etc.) Y N Please explain, and indicate assistance he/she may need: _____

CONTINUED . . .

PLEASE COMPLETE THE REVERSE SIDE

Parish Office Use Only
Head of Household/Spouse First/Last Name(s): _____
Address: _____ City/State _____
Phone(s): _____

CHILDREN: (under age 23 and living at home). If over age 23, they should register on a separate form.

PLEASE ATTACH ADDITIONAL PAPER IF NECESSARY

Name (First, Middle and LAST): _____ Preferred Name: _____

Birthdate _____ City & State of Birth _____ Gender: M F

Cell phone: () _____ Email: _____

Religion _____ Baptized: Y N Date: _____ 1st Communion Y N Confirmation Y N

Name of Church where Baptized _____ City & State _____

School Attending: _____ Grade: _____

Name (First, Middle and LAST): _____ Preferred Name: _____

Birthdate _____ City & State of Birth _____ Gender: M F

Cell phone: () _____ Email: _____

Religion _____ Baptized: Y N Date: _____ 1st Communion Y N Confirmation Y N

Name of Church where Baptized _____ City & State _____

School Attending: _____ Grade: _____

Name (First, Middle and LAST): _____ Preferred Name: _____

Birthdate _____ City & State of Birth _____ Gender: M F

Cell phone: () _____ Email: _____

Religion _____ Baptized: Y N Date: _____ 1st Communion Y N Confirmation Y N

Name of Church where Baptized _____ City & State _____

School Attending: _____ Grade: _____

Do you have a family member serving in the U.S. Military? Y N If yes, would you like his/her name printed in the bulletin prayers for those in the military? Y N Name of person serving in the military: _____

Family Information as it will appear in the PARISH DIRECTORY:		<input type="checkbox"/> Do not list in directory	<input type="checkbox"/> Use registration information
Last Name: _____	Primary Contact Phone Number: _____		
First Name: _____	Spouse First Name: _____		
Address _____	City: _____	Zip: _____	
Email: _____	Spouse Email: _____		
First Names of Children Living at Home (under age 23): _____			

SHARING OF TIME AND TALENT (INTERESTS INVENTORY - PLEASE COMPLETE)

It is vital to the life of the parish that members share their many gifts to enhance worship and to serve God, the poor, and each other. With that in mind, we would like to know what your interests are at St. Mary Parish. This is not a commitment, but rather an opportunity to explore how to become an active participant in parish life. If you are interested in any of the following, please check the line and someone will be in touch with you to offer more information. If you have special talents not listed here, please let us know how you'd like to use them. 288-5308. Thanks!

- | | | | | | |
|---------------------------------------|---|--|--|--|---|
| <input type="checkbox"/> Reader | <input type="checkbox"/> Archives | <input type="checkbox"/> CROP Walk | <input type="checkbox"/> Knights of Columbus | <input type="checkbox"/> Family Life Ministry | <input type="checkbox"/> Homebound/Hospital Ministry |
| <input type="checkbox"/> S.E.E.D. | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Bingo Helper | <input type="checkbox"/> Women at the Well | <input type="checkbox"/> Ministry of the Fibers | <input type="checkbox"/> Bldgs. & Grounds Volunteer |
| <input type="checkbox"/> Boy Scouts | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> St. Vincent de Paul | <input type="checkbox"/> Garden Ministry | <input type="checkbox"/> Eucharistic Minister | <input type="checkbox"/> Liturgical Art/Environment |
| <input type="checkbox"/> Girl Scouts | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> Pro-Life Ministries | <input type="checkbox"/> Natural Family Planning | <input type="checkbox"/> Children's Liturgy of the Word |
| <input type="checkbox"/> RCIA | <input type="checkbox"/> Sacristan | <input type="checkbox"/> Legion of Mary | <input type="checkbox"/> Secular Franciscan | <input type="checkbox"/> Funeral Lunch Ministry | <input type="checkbox"/> Our Lady of Perpetual Help |
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Bible Study | <input type="checkbox"/> Usher/Greeter | <input type="checkbox"/> Women's Association | <input type="checkbox"/> School Volunteer or PTO | <input type="checkbox"/> Haiti Orphanage Ministry |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Parish Library | <input type="checkbox"/> Athletic Programs | <input type="checkbox"/> Parents In Prayer | <input type="checkbox"/> Bereavement Ministry | <input type="checkbox"/> Sunday Religious Education |
| | | | | | <input type="checkbox"/> St Mary Feast Day Festival |