

St. Mary's Registration

Do you want to receive?

Envelopes: Yes no

Date: _____

Name: _____ DOB: _____ Work Tel. _____

Baptism 1st Communion Confirmation

Spouse: _____ DOB: _____ Work Tel. _____

Baptism 1st Communion Confirmation

Spouse Maiden Name: _____

Address: _____ Postal code: _____ Home
Phone: _____

Children at home:

(give last name if different)

1. _____ DOB: _____ Baptism 1st Communion Confirmation

2. _____ DOB: _____ Baptism 1st Communion Confirmation

3. _____ DOB: _____ Baptism 1st Communion Confirmation

4. _____ DOB: _____ Baptism 1st Communion Confirmation

5. _____ DOB: _____ Baptism 1st Communion Confirmation

Single _____ Married by Catholic Church _____ Civil Marriage _____

Divorced _____ Widow or Widower _____ Separated _____ Living Together _____

Where were you registered before? _____

Reason for leaving? _____

What Mass do you attend? _____ How often? _____

Would you like to serve as:

1 Lector _____ 2. Minister Eucharistic _____ 3. Choir _____ 4. Prayer leader _____

5 Catechist _____ 6. Cleaning of the Church _____ 7. Other _____