



**PARISH REGISTRATION** – All information requested here is for parish records and communications only. Rest assured; we will not share your information.

Today's Date	Family Last Name		Home Phone	
Address		City	State	Zip
Mailing Address (if different than home address)		City	State	Zip
<b>Previous Parish Information:</b> If you are new to the area, or the Catholic Faith, please share where you were previously registered.				
Church Name and Address		City	State	Zip
<p><b>Supporting our Parish: Treasure</b> - St. Mary's offers two options for weekly giving.</p> <ul style="list-style-type: none"> <li>• <b>Offertory Envelopes:</b> Mailed monthly, includes Weekly Offering, Holy Days, and Special Collections</li> <li>• <b>Electronic Funds Transfer (EFT):</b> Offered through, <a href="http://WeShareGiving.org">WeShareGiving.org</a>, this convenient option allows for automatic giving through the account of your choice: Checking, Savings, Credit or Debit Card.</li> </ul> <p>Please indicate your preference:    <input type="checkbox"/> Envelopes                      <input type="checkbox"/> EFT</p>				
<p><b>The Catholic Review Magazine:</b> A monthly magazine from the Archdiocese of Baltimore, offered to all registered families at no cost.</p> <p>Please indicate your preference:    <input type="checkbox"/> Yes, please send                      <input type="checkbox"/> No, I do not wish to receive</p>				

**For Internal Use Only**

	Initials	Date		Initials	Date
Ministry Platform			Card		
Parish Council			Bulletin		
Welcome Packet			Sacraments		

Stewardship	Initials	Date
Envelope# / EFT #		
OSV – (email)		
Parishioner:		
EFT:		

**Additional Family Members** Dependent Child, Adult Child (over 21 and in college, or Special Needs), Other Adult

	<b>Head of Household</b>	<b>Spouse</b>	<b>Additional Member #1</b>	<b>Additional Member #2</b>	<b>Additional Member #3</b>	<b>Additional Member #4</b>
Gender:						
Full First Name:						
Nickname:						
Email:						
Cell Phone:						
Middle Name:						
Maiden Name:						
Date of Birth:						
Marital Status:						
Special Needs?						

**Completed Sacraments:** Please circle Yes or No, Date (exact or approximate), and the Church where the sacrament was performed.

	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b><i>Baptism</i></b>												
Date:												
Church:												
<b><i>First Eucharist</i></b>												
Date:												
Church:												
<b><i>Confirmation</i></b>												
Date:												
Church:												
<b><i>Marriage</i></b>												
Date:												
Church:												