

Saint Lawrence Church Registration Form

1 East Union Street Goffstown, NH 03045-1644

(603-497-2651)

Family Last Name: _____ Today's Date: _____

Home Phone: _____ Email Address: _____

Address: _____

Town: _____ Zip: _____

Below please list ONLY Family Members LIVING AT HOME

*If child has different last name, please indicate FULL name

NAME	M/F	Religion	D.O.B.	BAPTISM Y/N	1 ST COMM Y/N	CONFIRM Y/N
#1 _____	_____	_____	____/____/____	_____	_____	_____
Occupation: _____						
#2 _____	_____	_____	____/____/____	_____	_____	_____
Occupation: _____						
#3 _____	_____	_____	____/____/____	_____	_____	_____
#4 _____	_____	_____	____/____/____	_____	_____	_____
#5 _____	_____	_____	____/____/____	_____	_____	_____
#6 _____	_____	_____	____/____/____	_____	_____	_____

Please enter the following information to complete registration

Married: _____ Widowed: _____ Single: _____ Divorced/Separated: _____

If Married: Date ____/____/____ Were you married in a Roman Catholic Church: (circle one) Yes No

Would you like Offertory Envelopes? _____

If No, would you like information about Electronic Deduction? _____

Would you like to be included in our flocknote email newsletter? _____

May we list you as a new Parishioner in our bulletin? _____

Why have you chosen to register at St Lawrence? _____

WELCOME TO ST LAWRENCE CHURCH