



ST. MARIA GORETTI CATHOLIC CHURCH
1200 S. Davis Drive Arlington, TX 76013 817-274-0643

For Office Use Only
ID #:
Reg Date:

PARISH REGISTRATION FORM

(Please Print)

Family Last Name: _____

Home Address: _____

City/State/ZIP Code: _____

Present Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Primary language(s) spoken in the household: _____

Saint Maria Goretti is a faith-filled stewardship community that believes in the importance of sacrificing time, talent, and treasure to grow our relationship with God. Please consider contributing your tithes via online giving to eliminate printing/postage costs paid by the Church for offertory envelopes.

NOTE: You must consistently turn in either Faith Direct cards or offertory envelopes if you want us to confirm your attendance at Mass. Attendance information is necessary if you request a letter from us stating that you are a Catholic in good standing (needed for things such as receiving Sacraments, enrolling in school, or being a Godparent, Confirmation sponsor, etc.).

Please select one of these ways in which you will support our parish community:

I will use offertory envelopes:

☐ Weekly ☐ Monthly

☐ I will use online giving through Faith Direct

<https://membership.faithdirect.net/enroll/TX373>

Head of Household _____

☐ Male ☐ Female Date of Birth: _____

Phone # _____

Email _____

Religion _____

Maiden Name (if applicable) _____

Occupation _____

Communication preference:

☐ Phone (best time: _____)

☐ Email

Spouse _____

☐ Male ☐ Female Date of Birth: _____

Phone # _____

Email _____

Religion _____

Maiden Name (if applicable) _____

Occupation _____

Communication preference:

☐ Phone (best time: _____)

☐ Email

Other pertinent information: _____



PARISH REGISTRATION FORM (page 2)

Please contact me regarding information on Saint Maria Goretti Catholic School for my children:

☐ Yes ☐ Not at this time

Minor Children in Household:

Full Name: _____

Date of Birth: _____ ☐ Male ☐ Female

Full Name: _____

Date of Birth: _____ ☐ Male ☐ Female

Full Name: _____

Date of Birth: _____ ☐ Male ☐ Female

Full Name: _____

Date of Birth: _____ ☐ Male ☐ Female

Other Family Members in Household:

Name/Relationship: _____

Date of Birth: _____ ☐ Male ☐ Female

Name/Relationship: _____

Date of Birth: _____ ☐ Male ☐ Female

Name/Relationship: _____

Date of Birth: _____ ☐ Male ☐ Female

Name/Relationship: _____

Date of Birth: _____ ☐ Male ☐ Female

Name/Relationship: _____

Date of Birth: _____ ☐ Male ☐ Female

Publish my information
in Parish Directory.

☐ Yes ☐ No

Send me a copy of North
Texas Catholic Magazine.

☐ Yes ☐ No

When completed, please drop in the collection basket at Mass or turn in to the Parish Office.
Alternatively, you may email the completed form to hhamilton@smgparish.org.