

SAINT MARY PARISH REGISTRATION

Family Name _____ Env # _____ Date: _____

Street Address _____ Home Phone # _____

City _____ State _____ ZIP _____ # Years at Address _____

Family E-Mail Address _____ Emergency Phone # _____

Former Parish/Location _____ Other Language(s) Spoken at Home: _____

| | MALE ADULT | FEMALE ADULT |
|--|------------|--------------|
| First Name | | |
| Middle Name | | |
| Maiden Name | N/A | |
| E-Mail Address | | |
| Cell Phone # | | |
| Occupation Employer/Business Phone | | |
| Marital Status | | |
| Catholic Marriage Church, date and place of wedding | YES NO | YES NO |
| Birthdate (MM/DD/YY) | | |
| Religion (please specify) | | |
| Baptism | YES NO | YES NO |
| First Penance | YES NO | YES NO |
| First Communion | YES NO | YES NO |
| Confirmation | YES NO | YES NO |
| Weekly Mass | YES NO | YES NO |
| Education-Level Completed/Degree | | |
| Any special needs? | | |
| Previous Parish Activities? (please specify) | | |
| May Our Welcome Committee Contact You? | YES NO | |

PARISH MINISTRIES—responding to your interests, needs and talents—please circle

WORSHIP

Eucharistic Ministry at Mass/for Homebound

Lector Ministry

Music Ministry—Adult/Children’s Choir/
LifeTeen Group

Usher/Greeter Ministry

Altar Servers-boys/girls 4th grade and above

Altar Guild

FAITH FORMATION/SPIRITUALITY

Adult Faith/Spiritual Formation

RCIA—Becoming a Catholic

Scripture Study

Men’s Ministry

Catholic Women in Community

Life Teen Ministry

Adoration Chapel Prayer Ministry

Mothers Club

SERVICE

Religious Education—Catechist

Catholic Action Team

Respect Life Ministry

Stephen Ministry

Knights of Columbus—Marquette Council #245

Other needs/interests ?

**SAINT MARY PARISH
FAMILY REGISTRATION**

Please complete for each child living in your household.

| | Child #1 | Child #2 | Child #3 | Child #4 | Child #5 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|
| First Name | | | | | |
| Middle Name | | | | | |
| Last Name | | | | | |
| Relationship to Head of Household | | | | | |
| Sex (circle one) | M F | M F | M F | M F | M F |
| E-Mail Address | | | | | |
| Birthdate (MM/DD/YY) | | | | | |
| School/Current Grade/Degree | | | | | |
| Religion (please specify) | | | | | |
| Religious Education Completed (School, Relig Ed, None) | | | | | |
| Baptism | YES NO | YES NO | YES NO | YES NO | YES NO |
| First Penance | YES NO | YES NO | YES NO | YES NO | YES NO |
| First Communion | YES NO | YES NO | YES NO | YES NO | YES NO |
| Confirmation | YES NO | YES NO | YES NO | YES NO | YES NO |
| Weekly Mass | YES NO | YES NO | YES NO | YES NO | YES NO |
| Any special needs, allergies? | | | | | |

EXTENDED FAMILY REGISTERED WITH SAINT MARY PARISH

Family Name _____ Address _____

Family Name _____ Address _____

Family Name _____ Address _____