

SAINT MARY'S IMMACULATE CONCEPTION PARISH REGISTRATION FORM

406 JEFFERSON STREET; WEST BEND, WI 53090 262-338-5600 * STMARYPARISHWB.ORG

WELCOME TO THE SAINT MARY'S PARISH COMMUNITY...WE ARE GLAD YOU ARE HERE!

FAMILY INFORMATION (PLEASE PRINT)						STEWARDSHIP CONTRIBUTIONS:				OFFICE USE ONLY:	
FAMILY (LAST) NAME:						PLEASE CHOOSE YOUR METHOD OF GIVING:				e Registered:	
ADDRESS/CITY/ZIP:						O PAPER ENVELOPES O Electronic Funds Transfer					
BEST PHONE:						O ONLINE GIVING via WESHARE VISIT: stmaryparishwb.weshareonline.org				Envelope Number:	
FIRST NAME & MIDDLE INITIAL BIRT		GENDER (M/F)	MARITAL STATUS*	CELL NUMBER	00	CUPATION	RELIGION	BAPTIZED	1ST COMMUNION	CONFIRMED	
								□Yes □No	□Yes □No	□Yes □ No	
								□Yes □No	□Yes □No	□Yes □ No	
M-Married, S-Single, W-Widowed, D-Divorced If Married, was most recent wedding in front			acon? Y/N If	Yes, name of parish a	nd city	of the ceremor	ny				
DEPENDENT CHILDREN LIVING AT HOMI	E (PLEASE P	RINT)									
FIRST NAME & MIDDLE INITIA please include last name if different than ab		BIRTH DATE	GEND (M/		DL	GRADE	RELIGION	BAPTIZED	1ST COMMUNIO	CONFIRMED N	
								□Yes□No	Yes 🗆 No	□Yes □No	
								□Yes□No	Yes 🗆 No	□Yes □No	
								□Yes □ No	Yes 🗆 No	□Yes □No	
								□Yes □ No	Yes _No	□Yes □No	
								□Yes □ No	Yes 🗆 No	□Yes □No	
								□Yes □ No	Yes _No	□Yes □No	
Please check any areas of interest that s	omeone in	your family	v may have	an interest in							
☐ Religious Education ☐ Journey ☐		-	-		Pastor	al Council 🗌	Spanish Minist	try			