



Catholic Parishes of Stoughton Registration Form 2022

Please check one parish as your primary parish of registration

☐

ST. JAMES CHURCH

560 Page Street, Stoughton, MA 02072
781-344-9121

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IMMACULATE CONCEPTION

122 Canton Street, Stoughton, MA 02072
781-344-2073

Family Last Name: _____ Email: _____

Home Address: _____
Street City State Zip Code

Phone: _____ Cell phone: _____

Head of Household: _____ Spouse: _____

Date of Birth: _____ Date of Birth: _____

Occupation: _____ Occupation: _____

Religion: _____ Religion: _____

Additional Email: _____ Additional Email: _____

Information on Family and Others living at home (Please feel free to attach an additional sheet)

CHECK ONE	OTHER NAMES (First, Middle Initial, Last)	RELATIONSHIP	BIRTHDATE mm/dd/yyyy	OCCUPATION
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				

Former Parish, City, and State: _____

Are you active on (please check all that apply): Facebook ☐

Instagram ☐

Would you like to receive Offering Envelopes: ☐ YES ☐ NO

Would you like to sign up for Online Giving: ☐ YES ☐ NO

Would you like to sign up for Email Notification from the Parish : ☐ YES ☐ NO

Please share your comments and suggestions here. We want to know what is important to you:

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ DATE ENTERED: _____ INITIALS: _____ CN _____ FN _____ OSV _____