

St. Mary Catholic Church New Parishioner Registration Form

Family Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Would you like to sign-up to receive periodic e-mails about what is going on at St. Mary Church? Yes ___ No ___

Would you like to be contacted to learn more ways to strength your connection to the parish? Yes ___ No ___

Would you like our Pastor to contact you? Yes ___ No ___

Would you like a tour of the church/parish center? Yes ___ No ___

Why did you select St. Patrick as your new parish? _____

I would like to learn more about the following ministries (Circle all that apply):

- Liturgy (Lector, Eucharistic Minister, Altar Server, Usher, Church Cleaning, Linen Cleaning)
- Music (Adult/Children's Choir, Instrumentalist)
- Service (Collection Counter, Photography, Ladies Guild, Knights of Columbus, Hospitality)
- Social/Spiritual (Grief Support, Bible Study, Youth Ministry, Respect Life)

Would you like to enroll your child(ren) in our Religious Education program? Yes ___ No ___

Member 1 Information

Please Circle: Mr. Mrs. Miss Ms.

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Maiden Name: _____ Gender (circle): Male Female

Date of Birth: ___/___/___ Place of Birth: Country _____ City _____ State _____

Home Phone: _____ Cell: _____ E-mail: _____

What is your occupation? _____

Do you have any areas of expertise that you would be willing to share with the parish? _____

Sacramental Information

Baptized Catholic: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Baptized (Other): Y N Date ___/___/___ Faith _____

Received in Catholic Church

1st Communion: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Confirmation: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Marital Status (circle) Single Married Divorced Annulled Widowed

Valid Catholic Marriage: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

FOR PARISH USE ONLY

PS Registration Date _____ Env# _____ Reactivated: Y/N Starter Set: Y/N Welcome Packet: Y/N Flocknote: Y/N

Ministries Contacted: _____

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Member 2 Information

Please Circle: Mr. Mrs. Miss Ms.

Family Role (circle): Spouse **Minor:** Son Daughter

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Maiden Name: _____ Gender (circle): Male Female

Date of Birth: ___/___/___ Place of Birth: Country _____ City _____ State _____

Home Phone: _____ Cell: _____ E-mail: _____

What is your occupation? _____

Do you have any areas of expertise that you would be willing to share with the parish? _____

Sacramental Information

Baptized Catholic: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Baptized (Other): Y N Date ___/___/___ Faith _____

Received in Catholic Church

1st Communion: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Confirmation: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Member 3 Information

Please Circle: Mr. Miss

Family Role (circle): **Minor:** Son Daughter

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Gender (circle): Male Female

Date of Birth: ___/___/___ Place of Birth: Country _____ City _____ State _____

Home Phone: _____ Cell: _____ E-mail: _____

Sacramental Information

Baptized Catholic: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Baptized (Other): Y N Date ___/___/___ Faith _____

Received in Catholic Church

1st Communion: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Confirmation: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Member 4 Information

Please Circle: Mr. Miss

Family Role (circle): **Minor:** Son Daughter

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Gender (circle): Male Female

Date of Birth: ___/___/___ Place of Birth: Country _____ City _____ State _____

Home Phone: _____ Cell: _____ E-mail: _____

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Member 4 Information - *continued*

Sacramental Information

Baptized Catholic: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Baptized (Other): Y N Date ___/___/___ Faith _____

Received in Catholic Church

1st Communion: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Confirmation: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Member 5 Information

Please Circle: Mr. Miss

Family Role (circle): Minor: Son Daughter

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Gender (circle): Male Female

Date of Birth: ___/___/___ Place of Birth: Country _____ City _____ State _____

Home Phone: _____ Cell: _____ E-mail: _____

Sacramental Information

Baptized Catholic: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Baptized (Other): Y N Date ___/___/___ Faith _____

Received in Catholic Church

1st Communion: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Confirmation: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Member 6 Information

Please Circle: Mr. Miss

Family Role (circle): Minor: Son Daughter

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Gender (circle): Male Female

Date of Birth: ___/___/___ Place of Birth: Country _____ City _____ State _____

Home Phone: _____ Cell: _____ E-mail: _____

Sacramental Information

Baptized Catholic: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Baptized (Other): Y N Date ___/___/___ Faith _____

Received in Catholic Church

1st Communion: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____

Confirmation: Y N Date ___/___/___ Church _____ Country _____ City _____ State _____