

St. Margaret Mary Parish Registration

Today's Date _____

Please Print

Parish Office Use Only			
Welcome Packet Sent _____/_____/_____	Church Envelopes _____/_____/_____	Welcome Committee _____/_____/_____	Envelope Number _____

Family Information: (Please fill in all information for the accuracy of our records).

LAST NAME	MALE HEAD OF HOUSEHOLD - FIRST NAME	FEMALE HEAD OF HOUSEHOLD - FIRST NAME	FAMILY E-MAIL ADDRESS
MAILING NAME OUTSIDE OF ENVELOPE (ie: Mr. & Mrs., Dr., Ms. Smith, etc.)		SALUTATION ON LETTERS (ie: Dear Mary or Dear Mr. & Mrs. Smith, etc)	
STREET ADDRESS	CITY/STATE	ZIP + 4	PRIMARY HOME PHONE _____ Unlisted Phone? <input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status

Do you wish to be listed in the Parish Directory? Yes No

_____ Single, never married	_____ Single, widowed	_____ Divorced	_____ Separated
_____ Married	Date of Marriage: _____		Were you married by a Catholic priest? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you planning a wedding in the next 6-18 months? Yes _____ No _____ If yes, when & what church? _____

	Church	City	State
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Please note: Registration in St. Margaret Mary's parish does not automatically guarantee marriage at St. Margaret Mary's Church when one lives outside of the parish boundaries. If you are, or will be, requesting marriage at our church, the pastor must be contacted at time of parish registration.

Male Head of Household

First Name	Middle Name	Last Name	Nick name or preferred first name	Birth Date
Religion _____	Active <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please check Sacraments received: _____	Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>
Church of Baptism: _____			City _____	State _____
Employer	Occupation		Work Phone	Cell/Mobile Phone
E-mail address				

Female Head of Household

First Name	Middle Name	Maiden Name	Nick name or preferred first name	Birth Date
Religion _____	Active <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please check Sacraments received: _____	Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>
Church of Baptism: _____			City _____	State _____
Employer	Occupation		Work Phone	Cell/Mobile Phone
E-mail address				

In the Bible the Lord teaches us that He loves us, that he personally cares for us, and gives us all that we will ever need. In return he asks that we give back a portion of our gifts to show our dependence on Him and that we trust that He will continue to give us all that we need. This giving back is the "tithe" or 10% of our gifts. We give one half of our "tithe" to support our parish and the other half to support other charities throughout the year. Please sign below, indicating your willingness to share a portion of your time, talent and treasure for the good of our parish. My stewardship pledge is _____ a month.

FIRST CHILD

First Name Middle Name Last Name Nick name or preferred first name **Birth Date**

____ Male ____ Female Religion: _____
Active ____ Yes ____ No

Please check Sacraments received: ____ Baptism ____ Eucharist ____ Confirmation
Date: ____/____/____

Church of Baptism: _____ City _____ State ____

Individual Status: Check the box that applies to this child
____ High School Student **or younger**
____ Single, working/college living at home ____ Adult no longer living at home

Anticipated or Actual Year of High School Graduation Name of High School Name of Grade School

SECOND CHILD

First Name Middle Name Last Name Nick name or preferred first name **Birth Date**

____ Male ____ Female Religion: _____
Active ____ Yes ____ No

Please check Sacraments received: ____ Baptism ____ Eucharist ____ Confirmation
Date: ____/____/____

Church of Baptism: _____ City _____ State ____

Individual Status: Check the box that applies to this child
____ High School Student **or younger**
____ Single, working/college living at home ____ Adult no longer living at home

Anticipated or Actual Year of High School Graduation Name of High School Name of Grade School

THIRD CHILD

First Name Middle Name Last Name Nick name or preferred first name **Birth Date**

____ Male ____ Female Religion: _____
Active ____ Yes ____ No

Please check Sacraments received: ____ Baptism ____ Eucharist ____ Confirmation
Date: ____/____/____

Church of Baptism: _____ City _____ State ____

Individual Status: Check the box that applies to this child
____ High School Student **or younger**
____ Single, working/college living at home ____ Adult no longer living at home

Anticipated or Actual Year of High School Graduation Name of High School Name of Grade School

FOURTH CHILD

First Name Middle Name Last Name Nick name or preferred first name **Birth Date**

____ Male ____ Female Religion: _____
Active ____ Yes ____ No

Please check Sacraments received: ____ Baptism ____ Eucharist ____ Confirmation
Date: ____/____/____

Church of Baptism: _____ City _____ State ____

Individual Status: Check the box that applies to this child
____ High School Student **or younger**
____ Single, working/college living at home ____ Adult no longer living at home

Anticipated or Actual Year of High School Graduation Name of High School Name of Grade School