

St. Margaret Mary Parish Registration

Today's Date

Parish Office Use Only

Welcome Packet Sent ____/____/____ **Cathedral Envelopes** ____/____/____
Notified Welcome Committee ____/____/____ **Envelope Number** _____

Please Print

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

 NAME TO BE USED ON THE 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 HOME PHONE Unlisted Phone? ____Yes ____No
 Do you wish to be listed in the Parish Directory? ____Yes ____No

Marital Status

Single, never married Single, widowed Divorced Separated

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

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.

Married Date of Marriage: _____ Were you married by a Catholic priest? ____Yes ____No

Male Head of Household

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

Religion _____ **Active** ____ **Yes** ____ **No** **Please Check sacraments received:** ____ Baptism ____ Eucharist ____ Confirmation

 Employer Occupation Address Work Phone Cell/Mobile Phone

Female Head of Household

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

Religion _____ **Active** ____ **Yes** ____ **No** **Please Check sacraments received:** ____ Baptism ____ Eucharist ____ Confirmation

 Employer Occupation Address Work Phone Cell/Mobile Phone

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.

Please enter information for children on the back of this form

FIRST CHILD

First Name _____ Middle Name _____ Last Name _____ Nick name or preferred first name _____ **Birth Date** _____
_____ Male _____ Female Religion: _____ **Please check sacraments received:** _____ Baptism _____ Eucharist _____ Confirmation
Active _____ Yes _____ No

Individual Status: Check the box that applies to this child

_____ Single, working/college living at home _____ High School Student or younger
_____ Anticipated year of High School _____ Name of High School _____ Name of Grade School
Graduation

SECOND CHILD

First Name _____ Middle Name _____ Last Name _____ Nick name or preferred first name _____ **Birth Date** _____
_____ Male _____ Female Religion: _____ **Please check sacraments received:** _____ Baptism _____ Eucharist _____ Confirmation
Active _____ Yes _____ No

Individual Status: Check the box that applies to this child

_____ Single, working/college living at home _____ High School Student or younger
_____ Anticipated year of High School _____ Name of High School _____ Name of Grade School
Graduation

THIRD CHILD

First Name _____ Middle Name _____ Last Name _____ Nick name or preferred first name _____ **Birth Date** _____
_____ Male _____ Female Religion: _____ **Please check sacraments received:** _____ Baptism _____ Eucharist _____ Confirmation
Active _____ Yes _____ No

Individual Status: Check the box that applies to this child

_____ Single, working/college living at home _____ High School Student or younger
_____ Anticipated year of High School _____ Name of High School _____ Name of Grade School
Graduation

FOURTH CHILD

First Name _____ Middle Name _____ Last Name _____ Nick name or preferred first name _____ **Birth Date** _____
_____ Male _____ Female Religion: _____ **Please check sacraments received:** _____ Baptism _____ Eucharist _____ Confirmation
Active _____ Yes _____ No

Individual Status: Check the box that applies to this child

_____ Single, working/college living at home _____ High School Student or younger
_____ Anticipated year of High School _____ Name of High School _____ Name of Grade School
Graduation

(Please use additional form for children information if necessary)