

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? ___ Yes ___ 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? ___ Yes ___ No

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.

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

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** ___ **Yes** ___ **No** **Please check Sacraments received:** ___ Baptism ___ Eucharist ___ Confirmation

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		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Religion: _____	Please check Sacraments received:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation
		Active <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	____/____/____	____/____/____	____/____/____
Individual Status: Check the box that applies to this child			Church of Baptism: _____	City _____	State _____	
<input type="checkbox"/> High School Student or younger						
<input type="checkbox"/> Single, working/college living at home	<input type="checkbox"/> 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		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Religion: _____	Please check Sacraments received:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation
		Active <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	____/____/____	____/____/____	____/____/____
Individual Status: Check the box that applies to this child			Church of Baptism: _____	City _____	State _____	
<input type="checkbox"/> High School Student or younger						
<input type="checkbox"/> Single, working/college living at home	<input type="checkbox"/> 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		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Religion: _____	Please check Sacraments received:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation
		Active <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	____/____/____	____/____/____	____/____/____
Individual Status: Check the box that applies to this child			Church of Baptism: _____	City _____	State _____	
<input type="checkbox"/> High School Student or younger						
<input type="checkbox"/> Single, working/college living at home	<input type="checkbox"/> 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		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Religion: _____	Please check Sacraments received:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation
		Active <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	____/____/____	____/____/____	____/____/____
Individual Status: Check the box that applies to this child			Church of Baptism: _____	City _____	State _____	
<input type="checkbox"/> High School Student or younger						
<input type="checkbox"/> Single, working/college living at home	<input type="checkbox"/> Adult no longer living at home		Anticipated or Actual Year of High School Graduation	Name of High School	Name of Grade School	