

Old St. Mary Parish ~ Registration Form

Date Completed _____

Please Print All Information

(Office) Date Entered _____ by _____

Family Information

Envelope # _____ Arch ID # _____
(Office Use)

Marital Status Single / Engaged / Married / Separated /
(circle one) Divorced / Widowed

Church of Marriage _____

City / State / or Civil _____

Date of Marriage _____

Maiden Name _____

If Engaged - Wedding Date _____

Family Mailing Label (How you want your name(s) to appear for mailings)

Title _____

Family Name _____

Address _____ Apt # _____

City _____

State _____ Zip _____

Home Phone _____

Head of Household

Last Name _____

Title (Mr./Mrs./Ms./Miss/Dr.) _____

First Name _____

Goes By _____

Middle Name _____

Suffix _____

Date of Birth _____

Member Status Member / Spouse of Member / Child of Member / Spouse of Member (Non-Catholic)

Gender Male / Female

Religious Affiliation Catholic / Other denomination - please indicate _____

Baptism OSM-Yes / Yes / No / Date (If Known) _____

Penance OSM-Yes / Yes / No / Date (If Known) _____

1st Communion OSM-Yes / Yes / No / Date (If Known) _____

Confirmation OSM-Yes / Yes / No / Date (If Known) _____

Cell Phone _____

Email _____

Occupation _____

Business Phone _____

Business Email _____

For Archdiocesan Records

Ethnicity African American American Indian Hispanic/Latino Southeast Asian Caucasian Other _____

Non-English Speaking (check here) Language Spoken _____

(Check if Applies) Homebound Nursing Home Name of Nursing Home _____ Room Number _____

(OVER)

Spouse

Last Name _____ Title (Mr./Mrs./Ms./Miss/Dr.) _____

First Name _____ Goes By _____

Middle Name _____ Maiden Name _____

Date of Birth _____ Member Status Member / Spouse of Member / Child of Member / Spouse of Member (Non-Catholic)

Gender Male / Female Religious Affiliation Catholic / Other denomination - please indicate _____

Baptism OSM-Yes / Yes / No / Date (If Known) _____ Penance OSM-Yes / Yes / No / Date (If Known) _____

1st Communion OSM-Yes / Yes / No / Date (If Known) _____ Confirmation OSM-Yes / Yes / No / Date (If Known) _____

Cell Phone _____ Email _____

Occupation _____ Business Phone _____

Business Email _____

For Archdiocesan Records:

Ethnicity African American American Indian Hispanic/Latino Southeast Asian Caucasian Other _____

Non-English Speaking (check here) Language Spoken _____

(Check if Applies) Homebound Nursing Home Name of Nursing Home _____ Room Number _____

Child (if under 18 and living with you)

Last Name _____ Date of Birth _____

First Name _____ Suffix _____

Middle Name _____ Goes by _____

Gender Male / Female Member Status Child of Member / Member / Spouse of Member / Spouse of Member (Non-Catholic)

Religious Affiliation Catholic / Other denomination - please indicate _____

Baptism OSM-Yes / Yes / No / Date (If Known) _____ Penance OSM-Yes / Yes / No / Date (If Known) _____

1st Communion OSM-Yes / Yes / No / Date (If Known) _____ Confirmation OSM-Yes / Yes / No / Date (If Known) _____

Grade in school 2009/2010 _____ School Attending _____ Religious Education _____

Please use a separate sheet of paper for additional family members living in your household