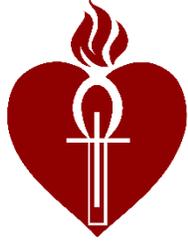


_____ **New to Parish**
_____ **Reactivate (Former Parishioner)**
_____ **Update Information**

Welcome



ST. MARGARET MARY catholic church

Please tell us a little about yourself so that St. Margaret Mary Catholic Church can develop services and programs which meet the needs of our diverse community. Please take time to complete this registration completely and print as clearly as possible.

FAMILY INFORMATION

Date: _____

How would you like your mail addressed? (ex. - Mary & John Smith, Mr. & Mrs. John Smith, Miss Mary Smith)

Street Address: _____

Apt. #: _____ City: _____ State: _____ Zip: _____

Primary Email: _____
(For Parish Update)

Primary Phone: _____ Part or Full Time Resident: _____

How would you like to support the Parish: Envelopes _____ Electronic Contributions _____

Check if you would like information on:

Adult Sacraments:

_____ Baptism _____ Confirmation _____ Marriage

Adult Opportunities:

_____ College Students _____ Young Adults (21-35) _____ Adults (36-54) _____ Seniors (55+)

Children Sacraments:

_____ Baptism _____ Communion _____ Confirmation

Faith Formation Classes:

_____ Sunday School Classes: Children up to 5th Grade

_____ Youth Ministry Grades 6-12

Please tell us about your household...

MEMBER INFORMATION

Primary Contact Full Name: _____

Male__ Female__ Date of Birth: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Religion: _____ Baptized? _____ Confirmed? _____ Ethnicity: _____

Marital Status: Married _____ Engaged _____ Single _____ Divorced _____ Widowed _____

If Married, Date Married: _____ Maiden Name: _____

Was your marriage performed by a Catholic Priest or Deacon? _____

Occupation: _____ Place of Employment: _____

Highest Education/Grade Completed: _____ Languages spoken: _____

Are you new to the area? If so, please tell us where you're from and any other pertinent information to help us get to know you:

Are there any special talents you'd like to share with the parish?

Tell us Ministries in which you would like to participate or ministry areas about which you would like more information:

Secondary Adult Contact Full Name: _____

(Include Maiden Name if Applicable)

E-mail: _____ Cell Phone: _____

Relationship to Primary Contact: _____

Male__ Female__ Date of Birth: _____ Ethnicity: _____ Religion: _____

Baptized? _____ Confirmed? _____ Languages Spoken? _____

Occupation: _____ Place of Employment: _____

Any ministry interests or special talents to share?

Other members of your household...

1. Full Name: _____
(First, Middle, Last)

E-mail: _____ Cell Phone: _____

Relationship to Primary Contact: _____

Male__ Female__ Date of Birth: _____ Ethnicity: _____ Religion: _____

Baptized? _____ Confirmed? _____ Languages Spoken? _____

Name of School: _____ Grade level: _____

Occupation: _____ Place of Employment: _____

Any ministry interests or special talents to share?

2. Full Name: _____
(First, Middle, Last)

E-mail: _____ Cell Phone: _____

Relationship to Primary Contact: _____

Male__ Female__ Date of Birth: _____ Ethnicity: _____ Religion: _____

Baptized? _____ Confirmed? _____ Languages Spoken? _____

Name of School: _____ Grade Level: _____

Occupation: _____ Place of Employment: _____

Any ministry interests or special talents to share?

3. Full Name: _____
(First, Middle, Last)

E-mail: _____ Cell Phone: _____

Relationship to Primary Contact: _____

Male__ Female__ Date of Birth: _____ Ethnicity: _____ Religion: _____

Baptized? _____ Confirmed? _____ Languages Spoken? _____

Name of School: _____ Grade Level: _____

Occupation: _____ Place of Employment: _____

Any ministry interests or special talents to share?

4. Full Name: _____
(First, Middle, Last)

E-mail: _____ Cell Phone: _____

Relationship to Primary Contact: _____

Male__ Female__ Date of Birth: _____ Ethnicity: _____ Religion: _____

Baptized? _____ Confirmed? _____ Languages Spoken? _____

Name of School: _____ Grade Level: _____

Occupation: _____ Place of Employment: _____

Any ministry interests or special talents to share?

Please help us serve you better by answering the following...

- Is there anyone in your home who would like to receive information about becoming Catholic? Yes No
- If you were married outside of the Catholic Church, would you like to talk to someone about getting your marriage blessed in the Catholic Church? Yes No
- Would you like information about St. Margaret Mary Catholic School? Yes No
- Is there anyone in your home who is unable to go to Mass due to a physical infirmity who would like to receive Communion at home? Yes No

If yes, please give us his/her name: _____

**Please drop this form off at the parish office or
give it to one of the ushers at Mass at your earliest convenience.
Thank You!**

St. Margaret Mary Catholic Church
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Phone: 407-647-3392
www.stmargaretmary.org