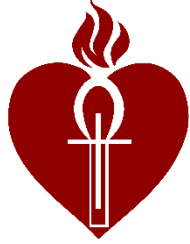


\_\_\_\_\_ **New to Parish**  
\_\_\_\_\_ **Reactivate (Former Parishioner)**  
\_\_\_\_\_ **Update Information**

# 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 5<sup>th</sup> 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**  
526 N Park Avenue, Winter Park, FL 32789  
Phone: 407-647-3392  
[www.stmargaretmary.org](http://www.stmargaretmary.org)