



# ST. MARGARET MARY

catholic church

<b>Office Use Only:</b>	
Env #:	_____
Entered:	_____
Email/Staff:	_____
Welcome call:	_____

## Welcome

526 N Park Ave  
Winter Park, FL 32789

Phone: 407-647-3392  
[www.stmargaretmary.org](http://www.stmargaretmary.org)

Date: \_\_\_\_\_

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

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

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Part or Full Time Resident: \_\_\_\_\_ Landline: \_\_\_\_\_

How would you like to **Support the Parish**: Envelopes \_\_\_\_\_ Online Giving \_\_\_\_\_

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: \_\_\_\_\_

Check if you **would like information on**:

**Adult Opportunities:** College Students \_\_\_\_\_ Young Adults (21-35) \_\_\_\_\_ Adults \_\_\_\_\_ Seniors (55+) \_\_\_\_\_

**Adult Sacraments:** Baptism \_\_\_\_\_ Confirmation \_\_\_\_\_ Marriage \_\_\_\_\_ *For who?* \_\_\_\_\_

**Children Sacraments:** Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_ *For who?* \_\_\_\_\_

**Faith Formation Classes:** Sunday School Classes: Children up to 5<sup>th</sup> grade \_\_\_\_\_

Youth Ministry Grades 6-12 \_\_\_\_\_

Please help us serve you better by answering the following:

- Anyone in your home who would like to receive information about becoming Catholic? **Y / N**
- 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? **Y / N**
- Would you like information about St. Margaret Mary Catholic School **Y / N**
- Is there anyone in your home who is unable to go to Mass due to physical infirmity who would like to receive Communion at home? **Y / N** If yes, please give us his/her name: \_\_\_\_\_

# Please tell us about your household ...

## PRIMARY CONTACT FULL NAME

\_\_\_\_\_

Title First Middle Last Suffix

Preferred Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Engaged \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Was your marriage performed by a Catholic Priest or Deacon? **Y / N**

Sacraments Received: *Baptism*  *Communion*  *Confirmation*

Education: Highest Level Completed \_\_\_\_\_

Gender: Male / Female Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages: Primary \_\_\_\_\_ Others \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Any ministry interests or special talents to share? \_\_\_\_\_

## SECONDARY ADULT CONTACT FULL NAME:

\_\_\_\_\_

Title First Middle Last Suffix

Preferred Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Primary Contact: \_\_\_\_\_

Sacraments Received: *Baptism*  *Communion*  *Confirmation*

Education: Highest Level Completed: \_\_\_\_\_

Gender: Male / Female Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages: Primary \_\_\_\_\_ Others \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Any ministry interests or special talents to share? \_\_\_\_\_



### 3) FULL NAME

\_\_\_\_\_ \_\_\_\_\_  
Title First Middle Last Suffix

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Primary Contact: \_\_\_\_\_

Sacraments Received: *Baptism*  *Communion*  *Confirmation*

Education: Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Gender: Male / Female Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages: Primary \_\_\_\_\_ Others \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Any ministry interests or special talents to share? \_\_\_\_\_

### 4) FULL NAME

\_\_\_\_\_ \_\_\_\_\_  
Title First Middle Last Suffix

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Primary Contact: \_\_\_\_\_

Sacraments Received: *Baptism*  *Communion*  *Confirmation*

Education: Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Gender: Male / Female Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Languages: Primary \_\_\_\_\_ Others \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Any ministry interests or special talents to share? \_\_\_\_\_

**Please drop this form off at the parish office or give it to one of the ushers at Mass.  
Thank you.**