

St. Mary of the Immaculate Conception

REGISTRATION FORM



Date: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ E-Mail Address: _____

Emergency contact: (name & phone # of close relative) _____

____ I have set-up my/our contributions to be made through Online Giving (stmaryslg.org/donate)

____ I would also like to receive Offertory Envelopes (you would receive in approx 2 months)

HEAD(S) OF HOUSEHOLD

Male/Head of Household	Female/Head of Household
Full Name (Mr./Dr./ ___) _____	Full Name (Mrs./Miss/Ms./Dr./ ___) _____
Preferred/Nick Name _____	Preferred/Nick Name _____ Maiden Name: _____
Date of Birth _____ Religion _____	Date of Birth _____ Religion _____
Cell Ph: _____ Email: _____	Cell Ph: _____ Email: _____
Occupation _____ Employer _____	Occupation _____ Employer _____
SACRAMENTS RECEIVED	SACRAMENTS RECEIVED
<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony: Date _____ Married by Catholic Priest? Yes ___ No ___ Church/City where married: _____	<input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony: Date _____ Married by Catholic Priest? Yes ___ No ___ Church/City where married: _____
Current Marital Status	Current Marital Status
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

DEPENDENT CHILDREN LIVING AT HOME

Full Name _____ Preferred/Nick Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Religion _____ School _____ Grade _____ Cell Phone: _____ Email: _____ SACRAMENTS RECEIVED <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	Full Name _____ Preferred/Nick Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Religion _____ School _____ Grade _____ Cell Phone: _____ Email: _____ SACRAMENTS RECEIVED <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation
Full Name _____ Preferred/Nick Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Religion _____ School _____ Grade _____ Cell Phone: _____ Email: _____ SACRAMENTS RECEIVED <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation	Full Name _____ Preferred/Nick Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Religion _____ School _____ Grade _____ Cell Phone: _____ Email: _____ SACRAMENTS RECEIVED <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation

For Office Use	SK	ENV #	OSV	CRDFL	BA
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