



St. Mary Our Lady of the Seven Sorrows Roman Catholic Church

Parish Registration Form

New Registration

Registration Update

Date: _____

FAMILY INFORMATION

Family Last Name:
Complete Home Address:
Home/Primary Telephone:
Primary Email Address:

Marital Status: Single Married Widowed
 Separated Divorced Common-Law

Date and Place of Marriage: _____

FAMILY MEMBER(S) INFORMATION

	First Name	Family Name (if different)	Birth Date (MM/DD/YYYY)	Gender	Religion	Occupation or School	Sacraments Received		
							Baptism	First Eucharist	Confirmation
Primary Member				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only include children who are living at home and not married

Child				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARISH FINANCIAL SUPPORT - *please indicate how you would like to support St. Mary's with your gift of treasure ...*

I/we would like Sunday Offertory Envelopes

I/we would like to use Pre-Authorized Giving (*please complete enclosed form*)

PARISH MINISTRIES INFORMATION - *please indicate any ministries in which you would like to support St. Mary's with you gifts of time & talent ...*

Adult Altar Server

Youth Altar Server

Reader/Commentator

Minister of Hospitality

Catholic Women's League (CWL)

St. Vincent de Paul

Prayer Network

Choir

PLEASE COMPLETE AND PLACE IN THE COLLECTION BASKET AT MASS, OR RETURN TO THE PARISH OFFICE.

Office Use: Date: _____	# _____
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