St. Mary of the Assumption Registration Form

(Please Print, Thank you)

Office Use Only. Thank you.

Envelope # _____

Date Registered _____

Family Name _____
Last Name (Adult) Name (Adult)

Address _____

City/State _____ Zip _____ Home Phone: _____ Unlisted Y N

Family Email Address: _____ His Cell Phone: _____ Unlisted Y N

Other Email Address: _____ Her Cell Phone: _____ Unlisted Y N

What Ministries or type of volunteer work would like to do within the church? _____

First & Last Name (Please include maiden name)	Please Circle	Marital Status	Religion	Occupation	Business Phone	Date of Birth	Baptism Date if Known	First Communion Date if Known	Confirmation Date if Known	Date of Marriage
	M F						Yes No	Yes No	Yes No	
	M F						Yes No	Yes No	Yes No	
(Children Living at Home)			Religion	Name of School	(Grade)	Date of Birth	Baptism Date if Known	First Communion Date if Known	Confirmation Date if Known	
	M F						Yes No	Yes No	Yes No	
	M F						Yes No	Yes No	Yes No	
	M F						Yes No	Yes No	Yes No	
	M F						Yes No	Yes No	Yes No	
	M F						Yes No	Yes No	Yes No	
(Others living in your home)	M F						Yes No	Yes No	Yes No	
	M F						Yes No	Yes No	Yes No	