

Mary, Mother of Jesus Church Registration Form

We/I wish to be listed on the rolls of the diocese as members of this parish.

Photocopy
As Needed

Family's LAST NAME	Family's Email Address	Today's Date
Street Address	Mailing Address	City & Zip +4 Home Phone
<input type="checkbox"/> We check email regularly. Send email instead of mail when possible.		

Single Adult			
or Spouse:	Mr./Mrs./Ms./Dr.	Full Name	(Maiden Name)
<input type="checkbox"/> Married			
<input type="checkbox"/> Single	Occupation	Employer	Birth Date
<input type="checkbox"/> Widowed			
<input type="checkbox"/> Divorced	Religion	Catholic Sacraments Received:	Highest Grade or Degree
<input type="checkbox"/> Shut-in		<input type="checkbox"/> Baptism <input type="checkbox"/> Confession	
Cell Phone:		<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	Email
Work Phone:		<input type="checkbox"/> Catholic Marriage on Date:	

Single Adult			
or Spouse:	Mr./Mrs./Ms./Dr.	Full Name	(Maiden Name)
<input type="checkbox"/> Married			
<input type="checkbox"/> Single	Occupation	Employer	Birth Date
<input type="checkbox"/> Widowed			
<input type="checkbox"/> Divorced	Religion	Catholic Sacraments Received:	Highest Grade or Degree
<input type="checkbox"/> Shut-in		<input type="checkbox"/> Baptism <input type="checkbox"/> Confession	
Cell Phone:		<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	Email
Work Phone:		<input type="checkbox"/> Catholic Marriage on Date:	

Children Living at Home:				
Full Name		School	Grade	Gender
Birth Date	Email	Catholic Sacraments Received:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Confession
Cell Phone:			<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation

Full Name		School	Grade	Gender
Birth Date	Email	Catholic Sacraments Received:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Confession
Cell Phone:			<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation

Full Name		School	Grade	Gender
Birth Date	Email	Catholic Sacraments Received:	<input type="checkbox"/> Baptism	<input type="checkbox"/> Confession
Cell Phone:			<input type="checkbox"/> Eucharist	<input type="checkbox"/> Confirmation

Other Adult			
In Home:	Mr./Mrs./Ms./Dr.	Full Name	(Maiden Name)
<input type="checkbox"/> Married			
<input type="checkbox"/> Single	Occupation	Employer	Birth Date
<input type="checkbox"/> Widowed			
<input type="checkbox"/> Divorced	Religion	Catholic Sacraments Received:	Highest Grade or Degree
<input type="checkbox"/> Shut-in		<input type="checkbox"/> Baptism <input type="checkbox"/> Confession	
Cell Phone:		<input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	Email
Work Phone:		<input type="checkbox"/> Catholic Marriage on Date:	