

**St. Mary of the Assumption Parish
Family Registration Form**

FAMILY NAME: _____

FIRST NAME-HEAD of HOUSE : _____

FIRST NAME-SPOUSE: _____

FOR OFFICE USE

DATE: _____

ENVELOPE # _____

AREA # _____

TITLE- (circle one) Mr. & Mrs., Mr., Mrs., Miss, Ms., Dr.

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE # _____ unlisted YES NO

HOME: (circle one) OWN or RENT

STATUS – (circle one) Catholic Church Wedding, Non-Catholic Church Wedding, Non-Church Wedding, Single, Divorced, Widowed

PLEASE TELL US ABOUT EACH MEMBER OF YOUR FAMILY
(fill out one member section for each person in family)

TITLE – (circle one) Mr., Mrs., Miss, Ms., Dr. (circle one) Head, Spouse, Child Gender - (circle one) M or F

MEMBER NAME (first) _____ (middle) _____ (last) _____

MEMBER NICKNAME _____ MEMBER MAIDEN NAME: _____

RELIGION: _____ ATTENDS MASS Regularly Occasionally Never

HIGHEST GRADE _____ OCCUPATION: _____ EMPLOYER: _____

CELL PHONE # _____ WORK PHONE # _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ BIRTH PLACE (city & state) _____

BIRTH FATHER (first, middle, last name) _____

BIRTH MOTHER (first, middle, maiden name) _____

BAPTISM DATE _____ RELIGION BAPTIZED _____ 1ST COMMUNION DATE _____
(name of church) (name of church)

(street address) (street address)

(city & state) (city & state)

CONFIRMATION DATE _____ MARRIAGE DATE _____
(name of church) (location)

(street address) (street address)

(city & state) (city & state)

ADDITIONAL MEMBER INFORMATION

TITLE – (circle one) Mr., Mrs., Miss, Ms., Dr. (circle one) Head, Spouse, Child Gender - (circle one) M or F

MEMBER NAME (first) _____ (middle) _____ (last) _____

MEMBER NICKNAME _____ MEMBER MAIDEN NAME: _____

RELIGION: _____ ATTENDS MASS (circle one) Regularly/Occasionally/Never

HIGHEST GRADE _____ OCCUPATION: _____ EMPLOYER: _____

CELL PHONE # _____ WORK PHONE # _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ BIRTH PLACE (city & state) _____

BIRTH FATHER (first, middle, last name) _____

BIRTH MOTHER (first, middle, maiden name) _____

BAPTISM DATE _____ RELIGION BAPTIZED _____ 1ST COMMUNION DATE _____
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ADDITIONAL MEMBER INFORMATION

TITLE – (circle one) Mr., Mrs., Miss, Ms., Dr. (circle one) Head, Spouse, Child Gender - (circle one) M or F

MEMBER NAME (first) _____ (middle) _____ (last) _____

MEMBER NICKNAME _____ MEMBER MAIDEN NAME: _____

RELIGION: _____ ATTENDS MASS (circle one) Regularly/Occasionally/Never

HIGHEST GRADE _____ OCCUPATION: _____ EMPLOYER: _____

CELL PHONE # _____ WORK PHONE # _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ BIRTH PLACE (city & state) _____

BIRTH FATHER (first, middle, last name) _____

BIRTH MOTHER (first, middle, maiden name) _____

BAPTISM DATE _____ RELIGION BAPTIZED _____ 1ST COMMUNION DATE _____
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