

# Family Registration Form

Please select the church you wish to join from the list below:

St. Mary's Catholic Church

St. Patrick's Catholic Church

St. Cecilia's Catholic Church

Please fill out this form as completely as possible. The information will be used to record your membership.

Registration Date: \_\_\_\_\_ **Family Last Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Individual Member Information (Adult 1)

**First Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Role:    Head of House    Husband    Wife    Gender:    M    F

Birthdate (MM/DD/YYYY): \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Language: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### Sacramental Information

Date Baptized (MM/DD/YYYY): \_\_\_\_\_ Catholic:    Yes    No

Have you received the sacrament of:

Reconciliation:    Yes    No    First Eucharist:    Yes    No    Confirmation:    Yes    No

Marital Status:    Single    Married    Separated    Divorced    Annulled

Married Date (MM/DD/YYYY): \_\_\_\_\_ Valid Catholic Marriage:    Yes    No

Maiden Name: \_\_\_\_\_

## Individual Member Information (Adult 2)

**First Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Role:    Head of House    Husband    Wife    Gender:    M    F

Birthdate (MM/DD/YYYY): \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Language: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### Sacramental Information

Date Baptized (MM/DD/YYYY): \_\_\_\_\_ Catholic:    Yes    No

Have you received the sacrament of:

Reconciliation:    Yes    No    First Eucharist:    Yes    No    Confirmation:    Yes    No

Marital Status:    Single    Married    Separated    Divorced    Annulled

Married Date (MM/DD/YYYY): \_\_\_\_\_ Valid Catholic Marriage:    Yes    No

Maiden Name: \_\_\_\_\_

### Dependent Children (1) Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

Birthdate (MM/DD/YYYY): \_\_\_\_\_ First Language: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Sacramental Information

Date Baptized (MM/DD/YYYY): \_\_\_\_\_ Catholic: Yes No

Have you received the sacrament of:

Reconciliation: Yes No First Eucharist: Yes No Confirmation: Yes No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

### Dependent Child (2) Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

Birthdate (MM/DD/YYYY): \_\_\_\_\_ First Language: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Sacramental Information

Date Baptized (MM/DD/YYYY): \_\_\_\_\_ Catholic: Yes No

Have you received the sacrament of:

Reconciliation: Yes No First Eucharist: Yes No Confirmation: Yes No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

### Dependent Child (3) Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

Birthdate (MM/DD/YYYY): \_\_\_\_\_ First Language: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Sacramental Information

Date Baptized (MM/DD/YYYY): \_\_\_\_\_ Catholic: Yes No

Have you received the sacrament of:

Reconciliation: Yes No First Eucharist: Yes No Confirmation: Yes No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

Fill out the form, save it to your desktop, and then email it to the email on the right. You can also return the form to the parish office at St. Mary's Catholic Church Parish Office, 603 Main St., Guthrie Center, Iowa 50115. For questions please call the parish office at [641-747-3843](tel:641-747-3843).

Save and Email to:  
[stmpcsecretary@outlook.com](mailto:stmpcsecretary@outlook.com)

### Dependent Children (4) Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

Birthdate (MM/DD/YYYY): \_\_\_\_\_ First Language: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Sacramental Information

Date Baptized (MM/DD/YYYY): \_\_\_\_\_ Catholic: Yes No

Have you received the sacrament of:

Reconciliation: Yes No First Eucharist: Yes No Confirmation: Yes No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

### Dependent Child (5) Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

Birthdate (MM/DD/YYYY): \_\_\_\_\_ First Language: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Sacramental Information

Date Baptized (MM/DD/YYYY): \_\_\_\_\_ Catholic: Yes No

Have you received the sacrament of:

Reconciliation: Yes No First Eucharist: Yes No Confirmation: Yes No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

### Dependent Child (6) Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

Birthdate (MM/DD/YYYY): \_\_\_\_\_ First Language: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Sacramental Information

Date Baptized (MM/DD/YYYY): \_\_\_\_\_ Catholic: Yes No

Have you received the sacrament of:

Reconciliation: Yes No First Eucharist: Yes No Confirmation: Yes No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F

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