

Saint Mary's Parish
Family Registration
263 Hamilton Street Southbridge, MA 01550-1876
Phone: (508) 764-3226 fax: (508) 764-3209

Registration Date: __ / __ / __

Contrib. Env.? Y / N *for office use only* Env# _____

Family Information:

Last Name: _____

Home Phone: _____

First Name(s) _____

Family Email: _____

Address: _____

Permission to publish phone, address, email in Parish Directory

Publish Phone? Y / N Publish Address? Y / N Publish Email? Y / N

City: _____ State: ____ Zip: _____ - _____

Couple/Head of Household Information

Marital Status: _____ Married by Priest/Deacon? Y / N Anniversary Date: __ / __ / __ Wedding Church/City: _____

Head of Household:

Active Catholic: Active / Inactive / Other: _____

Name: _____

Goes by: _____

DOB: __ / __ / __

Sacramental Info: Baptized? Y / N Catholic? Y / N RCIA? Y / N

Year of Grad: _____ School: _____

Reconcil? Y / N First Eucharist? Y / N Confirmed? Y / N

Spouse/other adult:

Active / Inactive / Other _____

Goes by: _____ (Maiden)

DOB: __ / __ / __

Baptized? Y / N Catholic? Y / N RCIA? Y / N

Year of Grad: _____ School: _____

Reconcil? Y / N First Eucharist? Y / N Confirmed? Y / N

Occupation: _____

Work Phone: _____

Email: _____

1st Language: _____

Any special needs? _____

Children Living at Home Information

Child Name:

DOB Sex Grad Year

_____ __ / __ / __ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. __ / __ / __ __ / __ / __ __ / __ / __ __ / __ / __

_____ __ / __ / __ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. __ / __ / __ __ / __ / __ __ / __ / __ __ / __ / __

_____ __ / __ / __ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

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_____ __ / __ / __ M / F _____ Special Needs: _____

Baptism Y / N Catholic? Y / N First Euch. Y / N Reconcil. Y / N Confirmation Y / N

Add Sacrament Date if known. __ / __ / __ __ / __ / __ __ / __ / __ __ / __ / __

