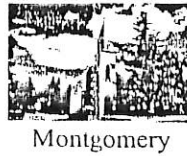
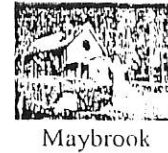


Last Name: _____
(Office Use Only)



Holy Name of Mary - Assumption
89 Union Street
Montgomery, NY 12549



Envelope Number: _____
(Office Use Only)

REGISTRATION FORM

Date: _____

- Please Print -

Family Last Name: _____ Wife's Maiden Name: _____ E-mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address (If Different): _____ Phone Number: (_____) _____

Residency: Year-Round Seasonal (Seasonal Address): _____

Marriage Information — Date: _____ Church: _____ City: _____ State: _____

ADULTS

First Name	Middle Initial	Last Name (If Different)	Sex	Date of Birth	Single, Married, Sep, Div, Widowed	Married by Priest	Religion	Baptized	1st Comm	Confirm	Occupation
	Head of Household		M F	/ /		Y N		Y N	Y N	Y N	
	Spouse		M F	/ /		Y N		Y N	Y N	Y N	
	Other		M F	/ /		Y N		Y N	Y N	Y N	
	Other		M F	/ /		Y N		Y N	Y N	Y N	

CHILDREN LIVING AT HOME

First Name	Middle Initial	Last Name (If Different)	Sex	Date of Birth	Relationship	Religion	Baptized	1st Comm	Confirm	Attend Religious Education
			M F	/ /			Y N	Y N	Y N	Y N
			M F	/ /			Y N	Y N	Y N	Y N
			M F	/ /			Y N	Y N	Y N	Y N
			M F	/ /			Y N	Y N	Y N	Y N