

St. Mary Church
602 Marietta Street Bremen, Ohio 43107 (740) 569-7738
Registration / Information Changes

Family Name: _____

Street Address: _____ City: _____

Previous Parish Registered (if this is a new registration): _____

Male Adult

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Title (please circle): Mr. Dr. Other: _____

Marital Status (please circle): Single Married Divorced Widowed

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____ Employer: _____

Religion (please circle): Active Catholic Inactive Catholic None Other: _____

Sacraments received (year if known): Baptism _____ First Communion _____ Confirmation _____

Married according to rite of the Catholic Church? yes no

Date _____ Place of Marriage: _____ City, State: _____

Female Adult

First name: _____ Middle: _____ Last: _____ Maiden: _____

Date of Birth: _____ Title (please circle): Miss Mrs. Ms. Dr. Other: _____

Marital Status (please circle): Single Married Divorced Widowed

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____ Employer: _____

Religion (please circle): Active Catholic Inactive Catholic None Other: _____

Sacraments received (year if known): Baptism _____ First Communion _____ Confirmation _____

Married according to rite of the Catholic Church? yes no

Date: _____ Place of Marriage: _____ City, State: _____

How will you contribute to your parish? (Envelope or Electronic Fund Transfer; circle below)

Weekly Envelope Monthly Envelope EFT Do you need information about EFT? Yes No

If you would like a pastoral call or visit to be made, please let us know here: _____

Please complete the reverse side of this page if there are children (even if they are away at school) or other relatives living at home.

Name, address, phone numbers and email addresses may be distributed to church and school members.
Please specify below any item of information which needs to be kept private.

Number of Children: _____ Please list all children still living at home, from oldest to youngest. A person over 23 years of age is considered an adult and should register as an adult unless there are special circumstances. Please give place and date for sacraments, if known.

First Name _____ Last Name _____ Date of Birth _____
 Male Female Practicing Catholic? yes no
 Baptism? yes no First Communion? yes no Confirmation? yes no
 Public or Parochial School attending: _____ Grade: _____
 College or University attending: _____

First Name _____ Last Name _____ Date of Birth _____
 Male Female Practicing Catholic? yes no
 Baptism? yes no First Communion? yes no Confirmation? yes no
 Public or Parochial School attending: _____ Grade: _____
 College or University attending: _____

First Name _____ Last Name _____ Date of Birth _____
 Male Female Practicing Catholic? yes no
 Baptism? yes no First Communion? yes no Confirmation? yes no
 Public or Parochial School attending: _____ Grade: _____
 College or University attending: _____

First Name _____ Last Name _____ Date of Birth _____
 Male Female Practicing Catholic? yes no
 Baptism? yes no First Communion? yes no Confirmation? yes no
 Public or Parochial School attending: _____ Grade: _____
 College or University attending: _____

First Name _____ Last Name _____ Date of Birth _____
 Male Female Practicing Catholic? yes no
 Baptism? yes no First Communion? yes no Confirmation? yes no
 Public or Parochial School attending: _____ Grade: _____
 College or University attending: _____

Other Adult Living with You (adult child, elderly parent, etc.)
 Relationship _____
 First Name: _____ Middle Name: _____ Last Name: _____
 Date of Birth: _____ Title (please circle): Mr. Miss Mrs. Ms. Dr. Other: _____
 Marital Status (please circle): Single Married Divorced Widowed
 Home Phone: _____ Cell Phone: _____ Email: _____
 Religion (please circle): Active Catholic Inactive Catholic None Other: _____
 Sacraments received (year if known): Baptism _____ First Communion _____ Confirmation _____
 Married according to rite of the Catholic Church? yes no
 Date: _____ Place of Marriage: _____ City, State: _____