

Maternity of the Blessed Virgin Mary Parish Parish Registration Form

Today's Date: ____/____/____ Family (Last) Name: _____

Street Address: _____ Home Phone _____

Cell Phone: _____

Zip Code: _____

E-Mail Address: _____ Spouse's Cell: _____

Please complete the following information:

Who is the Catholic Head of Household: _____

Name: _____ Gender: _____

Maiden Name (If Applicable): _____

Birth Date: ____/____/____

Occupation: _____

Religion: _____

Are you practicing your faith: Yes ____ No ____

Sacraments Received: _____ Baptism
 _____ Communion _____ Confirmation
 _____ Marriage

If Applicable:

Spouse's Name: _____ Gender: _____

Maiden Name (If Applicable): _____

Birth Date: ____/____/____

Occupation: _____

Religion: _____

Are you practicing your faith: Yes ____ No ____

Sacraments Received: _____ Baptism
 _____ Communion _____ Confirmation
 _____ Marriage

Married _____	Single _____	Widowed _____	Separated _____
Divorced _____	(If so, Church Annulment Received _____)	Remarried _____	Cohabiting _____

If Applicable:

Date of Marriage: ____/____/____ Catholic Church: _____

City _____ State: _____

If you were NOT married in a Catholic Church, please indicate where you were married and by whom?

Place _____ City & State _____

By Whom _____ Title: _____

If you were not married in the Catholic Church, or if you are divorced, please see Other Side.

Over Please

MARRIAGE INFORMATION

If you were not married in the Catholic Church or are divorced, please complete the following information:

Would you like to have your marriage validated? _____

Have you received your Final Divorce Decree? Yes _____ NO _____
 INITIATED: Yes _____ No _____ STATUS: Pending _____ Denied _____ Date Granted _____

Please fill in the FULL NAME, RELATIONSHIP, RELIGION, BIRTH DATE, GENDER AND SACRAMENTS RECEIVED for each of your children and any other persons (parents, siblings, etc.) LIVING in your home:

NAME/RELATIONSHIP/RELIGION/GENDER	BIRTH DATE	SACRAMENTS RECEIVED
1. _____	____ / ____ / ____	Baptism _____ Communion _____ Confirmation _____ Marriage _____
2. _____	____ / ____ / ____	Baptism _____ Communion _____ Confirmation _____ Marriage _____
3. _____	____ / ____ / ____	Baptism _____ Communion _____ Confirmation _____ Marriage _____
4. _____	____ / ____ / ____	Baptism _____ Communion _____ Confirmation _____ Marriage _____
5. _____	____ / ____ / ____	Baptism _____ Communion _____ Confirmation _____ Marriage _____
6. _____	____ / ____ / ____	Baptism _____ Communion _____ Confirmation _____ Marriage _____

OCCUPATION: (If in school, please specify which school they are attending?)

	School	Work	School Name or Occupation	Grade	PREP
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

OTHER INFORMATION

Any Family needs, such as disability or health concerns? _____

Any member homebound and would like Holy Communion brought regularly? _____

(Optional) Nationality _____ Race _____ First Language _____

Comments: _____

For Office Use Only: Computer _____ Envelopes _____ By: _____

Registered by: _____