

ST. MARY, MOTHER OF GOD FAMILY REGISTRATION FORM

_____ Today's Date

Last Name: _____ First Name(s): _____

Mailing Address Title Line (Mr. & Mrs. or Miss or?): _____

Street: _____

City, State, Zip: _____

Home Telephone: _____

Would you like collection envelopes or information on Electronic Funds Transfer (circle one)? Yes No

May we publish in a Parish Directory (circle for yes): Address? Email? Home Telephone? Cell Phone?

Envelope number (office use only): _____

Individual Member Information

Male Adult

Female Adult

First Name/Nickname: _____

Maiden Name: _____

DOB (mm/dd/yyyy): _____

Email: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Special Needs: _____

Sacramental Information (Dates, if known):

Baptism/Faith: _____

Church/RCIA: _____

1st Communion: _____

Confirmation: _____

Marital Status: _____

Wedding Date: _____ Place/Church: _____

Priest/Deacon? (Name): _____ City/State: _____

Please turn over to complete section for Additional Family Members / Children Information.

When complete, please return by dropping into the weekend collection or mailing to the Parish Office at 672 S. Third Street, Columbus, OH 432062. Please call the Parish secretary for further information at (614) 445-9668.

Additional Family Members / Children Information

First Name/Nickname: _____

Last Name: _____

DOB (mm/dd/yyyy) & gender: _____

Birth Place (city/state): _____

Relationship to household: _____

Special Needs: _____

Sacramental Information (Dates, if known):

Baptism/Faith: _____

Church/RCLIA: _____

1st Communion: _____

Confirmation: _____

First Name/Nickname: _____

Last Name: _____

DOB (mm/dd/yyyy) & gender: _____

Birth Place: _____

Relationship to household: _____

Special Needs: _____

Sacramental Information (Dates, if known):

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Confirmation: _____