

Saint Mary Catholic Church of Hood River, Inc.

Registration Form

Family Information:

Last Name: _____

Home Phone: _____

Family Email: _____

Receive Contribution Envelopes: Y | N

Address:

City: _____ State: _____ Zip: _____

Member Information:

First Name: _____

Preferred Language: _____

Last Name: _____

Nick Name: _____

Role: Husband | Wife | Unmarried | Child

Gender: M | F

Date of Birth: _____

Maiden Name: _____

Email: _____

Phone: _____

Ministries currently serving: _____

Ministries interested in serving: _____

Member Information:

First Name: _____

Preferred Language: _____

Last Name: _____

Nick Name: _____

Role: Husband | Wife | Unmarried | Child

Gender: M | F

Date of Birth: _____

Maiden Name: _____

Email: _____

Phone: _____

Ministries currently serving: _____

Ministries interested in serving: _____

Member Information:

First Name: _____

Last Name: _____

Role: Husband | Wife | Unmarried | Child

Date of Birth: _____

Email: _____

Ministries currently serving: _____

Preferred Language: _____

Nick Name: _____

Gender: M | F

Maiden Name: _____

Phone: _____

Ministries interested in serving: _____

Member Information:

First Name: _____

Last Name: _____

Role: Husband | Wife | Unmarried | Child

Date of Birth: _____

Email: _____

Ministries currently serving: _____

Preferred Language: _____

Nick Name: _____

Gender: M | F

Maiden Name: _____

Phone: _____

Ministries interested in serving: _____

Member Information:

First Name: _____

Last Name: _____

Role: Husband | Wife | Unmarried | Child

Date of Birth: _____

Email: _____

Ministries currently serving: _____

Preferred Language: _____

Nick Name: _____

Gender: M | F

Maiden Name: _____

Phone: _____

Ministries interested in serving: _____
