

1401 Washington Ave.
Waco, TX 76701-1130

Welcome to St Mary Parish

www.stmarys-waco.org
mail@stmarys-waco.org

Office
254-753-0146

Registration Form

ID # _____ New: _____ Update: _____ Family Information Visitor: _____ Remove (Relocating): _____
Home Bound _____ /Nursing Home _____ Name of Nursing Home _____

Family Last Name

Street Address: _____
City/State: _____ Zip Code: _____
Mailing Address: _____
City/State: _____ Zip Code: _____
Home Phone: _____ Unlisted? Yes No
Family Email: _____
Today's Date: _____

Marital Status

- _____ Married in Catholic Church
- _____ Married in Other Church
- _____ Married in Civil Ceremony
- _____ Common Law Marriage
- _____ Single
- _____ Separated
- _____ Divorced
- _____ Widowed
- _____ Engaged
- _____ Other
- _____ Married
- _____ Unknown
- _____ Partnered

- I/We would like to receive offertory envelopes. Yes No
- I/We realize that St Mary Parish publishes an annual Directory.
I/We give permission that our family information may be published
in the directory Yes No (If NO, only name may be published)

Individual Information

Head of Household #1

Last Name: _____
Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: _____
First Name: _____
Middle Name: _____ Maiden: _____
Informal or Nickname: _____
Suffix (circle one): Jr. Sr. III IV Other: _____
Email Address: _____
Cell Phone: _____
Religion: _____
Occupation: _____
Employer: _____
Work Phone: _____
Date of Birth: _____ Gender: Male Female
Ethnic Type: _____
Primary Language: _____ 2nd: _____

Sacrament Received

Baptism: _____
(Write Yes No; If YES, include Date, Location, City & State)
Reconciliation: _____
(Write Yes No; If YES, include Date, Location, City & State)
First Communion: _____
(Write Yes No; If YES, include Date, Location, City & State)
Confirmation: _____
(Write Yes No; If YES, include Date, Location, City & State)
Marriage: _____
(Write Yes No; If YES, include Date, Location, City & State)

Would like to receive information to complete Sacraments?: Yes No
Are you interested in RCIA? Yes No

Head of Household #2

Last Name: _____
Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: _____
First Name: _____
Middle Name: _____ Maiden: _____
Informal or Nickname: _____
Suffix (circle one): Jr. Sr. III IV Other: _____
Email Address: _____
Cell Phone: _____
Religion: _____
Occupation: _____
Employer: _____
Work Phone: _____
Date of Birth: _____ Gender: Male Female
Ethnic Type: _____
Primary Language: _____ 2nd: _____

Sacrament Received

Baptism: _____
(Write Yes No; If YES, include Date, Location, City & State)
Reconciliation: _____
(Write Yes No; If YES, include Date, Location, City & State)
First Communion: _____
(Write Yes No; If YES, include Date, Location, City & State)
Confirmation: _____
(Write Yes No; If YES, include Date, Location, City & State)
Marriage: _____
(Write Yes No; If YES, include Date, Location, City & State)

Would like to receive information to complete Sacraments?: Yes No
Are you interested in RCIA? Yes No

List minor children and other household members on next page