

ST. MARY PARISH FAMILY REGISTRATION FORM



FAMILY PAGE: Please return to the parish office when complete.

Last Name _____

Family Name _____
(e.g. Mr. & Mrs. John Doe or Ms. Jane Doe)

Street Address _____

City/State _____ Zip _____ plus 4 _____

Date Registered _____

Family Household Status (circle one) Single Married Divorced Widowed Engaged

Family Telephone Number: _____ Unlisted: Yes No

Family e-mail _____ Send e-mail when possible? Yes No

Send Weekly Parish Update via e-mail? Yes No

Would you like a tour of the parish facilities? Yes No

Sunday Offertory: ___ Envelopes ___ Direct Debit (*Please register at www.faithdirect.net—code OH225*)

(You will initially receive offertory envelopes until verification from direct debit is received.)

List each family member: 1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Seasonal Alternate Address: Active from _____ month _____ day to _____ month _____ day

Street Address _____

City/State _____ Zip _____

Additional Remarks _____

Registration continues on the following pages for each family member.

MEMBER 1 PAGE: Please complete one member page for each member of your family

Last Name _____ First Name _____ Middle Name _____

Gender _____ Nickname _____ Maiden Name _____

Title (circle one) Mr. Mrs. Miss Ms. Dr. Other _____

Suffix (circle one) Jr. Sr. II III IV None Other _____

Relationship: Husband, wife, daughter, son, etc. _____

Birthdate _____ City/State of Birth _____

Member Status (circle one) Single Married Divorced Widowed Engaged

Highest Grade Completed _____

Language Spoken (other than English) _____

Religion _____ Disability _____

Gluten Sensitivity _____

Occupation _____ Ethnicity _____

Personal Cell Phone Number _____ Personal e-mail _____

Baptism Date _____

Baptismal Name _____

Church Name _____ City/State _____

Administered by _____

Godfather _____ & Godmother _____

Reconciliation (circle one) Yes No

1st Communion - Date _____ Church Name _____ City/State _____

Administered by _____

Confirmation - Date _____ Confirmation Name _____ Sponsor _____

Church Name _____ City/State _____

Administered by _____

Marriage - Date _____ Church Name _____ City/State _____

Administered by _____

Married (circle one) by priest by minister in a civil ceremony other

Weekend Mass Attendance (circle one) Weekly Monthly Occasionally

Additional Remarks _____

MEMBER 2 PAGE: Please complete one member page for each member of your family

Last Name _____ First Name _____ Middle Name _____

Gender _____ Nickname _____ Maiden Name _____

Title (circle one) Mr. Mrs. Miss Ms. Dr. Other _____

Suffix (circle one) Jr. Sr. II III IV None Other _____

Relationship: Husband, wife, daughter, son, etc. _____

Birthdate _____ City/State of Birth _____

Member Status (circle one) Single Married Divorced Widowed Engaged

Highest Grade Completed _____

Language Spoken (other than English) _____

Religion _____ Disability _____

Gluten Sensitivity _____

Occupation _____ Ethnicity _____

Personal Cell Phone Number _____ Personal e-mail _____

Baptism Date _____

Baptismal Name _____

Church Name _____ City/State _____

Administered by _____

Godfather _____ & Godmother _____

Reconciliation (circle one) Yes No

1st Communion - Date _____ Church Name _____ City/State _____

Administered by _____

Confirmation - Date _____ Confirmation Name _____ Sponsor _____

Church Name _____ City/State _____

Administered by _____

Marriage - Date _____ Church Name _____ City/State _____

Administered by _____

Married (circle one) by priest by minister in a civil ceremony other

Weekend Mass Attendance (circle one) Weekly Monthly Occasionally

Additional Remarks _____

MEMBER 3 PAGE: Please complete one member page for each member of your family

Last Name _____ First Name _____ Middle Name _____

Gender _____ Nickname _____ Maiden Name _____

Title (circle one) Mr. Mrs. Miss Ms. Dr. Other _____

Suffix (circle one) Jr. Sr. II III IV None Other _____

Relationship: Husband, wife, daughter, son, etc. _____

Birthdate _____ City/State of Birth _____

Member Status (circle one) Single Married Divorced Widowed Engaged

Highest Grade Completed _____

Language Spoken (other than English) _____

Religion _____ Disability _____

Gluten Sensitivity _____

Occupation _____ Ethnicity _____

Personal Cell Phone Number _____ Personal e-mail _____

Baptism Date _____

Baptismal Name _____

Church Name _____ City/State _____

Administered by _____

Godfather _____ & Godmother _____

Reconciliation (circle one) Yes No

1st Communion - Date _____ Church Name _____ City/State _____

Administered by _____

Confirmation - Date _____ Confirmation Name _____ Sponsor _____

Church Name _____ City/State _____

Administered by _____

Marriage - Date _____ Church Name _____ City/State _____

Administered by _____

Married (circle one) by priest by minister in a civil ceremony other

Weekend Mass Attendance (circle one) Weekly Monthly Occasionally

Additional Remarks _____

MEMBER 4 PAGE: Please complete one member page for each member of your family

Last Name _____ First Name _____ Middle Name _____

Gender _____ Nickname _____ Maiden Name _____

Title (circle one) Mr. Mrs. Miss Ms. Dr. Other _____

Suffix (circle one) Jr. Sr. II III IV None Other _____

Relationship: Husband, wife, daughter, son, etc. _____

Birthdate _____ City/State of Birth _____

Member Status (circle one) Single Married Divorced Widowed Engaged

Highest Grade Completed _____

Language Spoken (other than English) _____

Religion _____ Disability _____

Gluten Sensitivity _____

Occupation _____ Ethnicity _____

Personal Cell Phone Number _____ Personal e-mail _____

Baptism Date _____

Baptismal Name _____

Church Name _____ City/State _____

Administered by _____

Godfather _____ & Godmother _____

Reconciliation (circle one) Yes No

1st Communion - Date _____ Church Name _____ City/State _____

Administered by _____

Confirmation - Date _____ Confirmation Name _____ Sponsor _____

Church Name _____ City/State _____

Administered by _____

Marriage - Date _____ Church Name _____ City/State _____

Administered by _____

Married (circle one) by priest by minister in a civil ceremony other

Weekend Mass Attendance (circle one) Weekly Monthly Occasionally

Additional Remarks _____

MEMBER 5 PAGE: Please complete one member page for each member of your family

Last Name _____ First Name _____ Middle Name _____

Gender _____ Nickname _____ Maiden Name _____

Title (circle one) Mr. Mrs. Miss Ms. Dr. Other _____

Suffix (circle one) Jr. Sr. II III IV None Other _____

Relationship: Husband, wife, daughter, son, etc. _____

Birthdate _____ City/State of Birth _____

Member Status (circle one) Single Married Divorced Widowed Engaged

Highest Grade Completed _____

Language Spoken (other than English) _____

Religion _____ Disability _____

Gluten Sensitivity _____

Occupation _____ Ethnicity _____

Personal Cell Phone Number _____ Personal e-mail _____

Baptism Date _____

Baptismal Name _____

Church Name _____ City/State _____

Administered by _____

Godfather _____ & Godmother _____

Reconciliation (circle one) Yes No

1st Communion - Date _____ Church Name _____ City/State _____

Administered by _____

Confirmation - Date _____ Confirmation Name _____ Sponsor _____

Church Name _____ City/State _____

Administered by _____

Marriage - Date _____ Church Name _____ City/State _____

Administered by _____

Married (circle one) by priest by minister in a civil ceremony other

Weekend Mass Attendance (circle one) Weekly Monthly Occasionally

Additional Remarks _____

MEMBER 6 PAGE: Please complete one member page for each member of your family

Last Name _____ First Name _____ Middle Name _____

Gender _____ Nickname _____ Maiden Name _____

Title (circle one) Mr. Mrs. Miss Ms. Dr. Other _____

Suffix (circle one) Jr. Sr. II III IV None Other _____

Relationship: Husband, wife, daughter, son, etc. _____

Birthdate _____ City/State of Birth _____

Member Status (circle one) Single Married Divorced Widowed Engaged

Highest Grade Completed _____

Language Spoken (other than English) _____

Religion _____ Disability _____

Gluten Sensitivity _____

Occupation _____ Ethnicity _____

Personal Cell Phone Number _____ Personal e-mail _____

Baptism Date _____

Baptismal Name _____

Church Name _____ City/State _____

Administered by _____

Godfather _____ & Godmother _____

Reconciliation (circle one) Yes No

1st Communion - Date _____ Church Name _____ City/State _____

Administered by _____

Confirmation - Date _____ Confirmation Name _____ Sponsor _____

Church Name _____ City/State _____

Administered by _____

Marriage - Date _____ Church Name _____ City/State _____

Administered by _____

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Weekend Mass Attendance (circle one) Weekly Monthly Occasionally

Additional Remarks _____

For Office Use Only

ID#

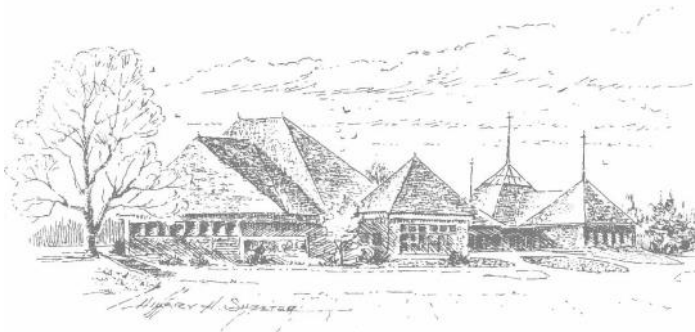
PDS:

Env:

Excel:

Welcome Committee:

Weekly Update:



**Please return to: St. Mary Church
340 North Main Street
Hudson, OH 44236
330.653.8118**

**Parish registration is official when this completed
registration form is returned to the Parish Office
by mail or in person.**

Updated 11/2018