

NATIVITY OF THE BLESSED VIRGIN MARY PARISH

REGISTRATION FORM

W10137 570th Ave., River Falls, WI 54022 (715)-425-5806 www.stmarysbigriver.com

So that we may serve you better, please fill in this form as clearly and completely as possible.

For Office use only: Reg. Date: ___/___/___ Envelope # _____ Parish Soft Entered ___ ARS ___ Email ___

Family Last Name: _____

Main Phone #: Cell or Landline?
() - _____

Address: (Street, city, state, zip code) _____

Heads of Household Information

Role: (Single/Husband/Wife) _____

Role: (Single/Husband/Wife) _____

Name: (First, Middle) _____

Name: (First, Middle) _____

Maiden Name: _____

Maiden Name: _____

Gender: Male / Female

Gender: Male / Female

Birth Date: (mm/dd/yyyy) ___/___/_____

Birth Date: (mm/dd/yyyy) ___/___/_____

Email: _____

Email: _____

Work#: _____ Cell#: _____

Work#: _____ Cell#: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Retired? Yes / No

Retired? Yes / No

Sacramental Information:

Sacramental Information:

Baptized? Yes / No Date of baptism: _____

Baptized? Yes / No Date of baptism: _____

Denomination Baptized: _____

Denomination Baptized: _____

Location of Baptism: (Parish, City, State)

Location of Baptism: (Parish, City, State)

Reconciliation? Yes / No Date: ___/___/_____

Reconciliation? Yes / No Date: ___/___/_____

Eucharist? Yes / No Date: ___/___/_____

Eucharist? Yes / No Date: ___/___/_____

Confirmation? Yes / No Date: ___/___/_____

Confirmation? Yes / No Date: ___/___/_____

Religion: _____

Religion: _____

Marital Status: _____ Date of Marriage: _____ Married in the Catholic Church? Yes / No

Place of Marriage: (Parish, City, State) _____

Dependents Information

*Note: Copy this form if more entries are needed.

Full Name: (First, Middle, Last)

Gender: Male / Female

Birth Date: (mm/dd/yyyy) ____/____/____

Place of Birth: _____

Grade/School Attending: _____

Sacramental Information:

Baptized? Yes / No Date of baptism: _____

Denomination Baptized: _____

Location of Baptism: (Parish, City, State)

Reconciliation? Yes / No Date: ____/____/____

Eucharist? Yes / No Date: ____/____/____

Confirmation? Yes / No Date: ____/____/____

Religion: _____

Full Name: (First, Middle, Last)

Gender: Male / Female

Birth Date: (mm/dd/yyyy) ____/____/____

Place of Birth: _____

Grade/School Attending: _____

Sacramental Information:

Baptized? Yes / No Date of baptism: _____

Denomination Baptized: _____

Location of Baptism: (Parish, City, State)

Reconciliation? Yes / No Date: ____/____/____

Eucharist? Yes / No Date: ____/____/____

Confirmation? Yes / No Date: ____/____/____

Religion: _____

Full Name: (First, Middle, Last)

Gender: Male / Female

Birth Date: (mm/dd/yyyy) ____/____/____

Place of Birth: _____

Grade/School Attending: _____

Sacramental Information:

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Denomination Baptized: _____

Location of Baptism: (Parish, City, State)

Reconciliation? Yes / No Date: ____/____/____

Eucharist? Yes / No Date: ____/____/____

Confirmation? Yes / No Date: ____/____/____

Religion: _____

Full Name: (First, Middle, Last)

Gender: Male / Female

Birth Date: (mm/dd/yyyy) ____/____/____

Place of Birth: _____

Grade/School Attending: _____

Sacramental Information:

Baptized? Yes / No Date of baptism: _____

Denomination Baptized: _____

Location of Baptism: (Parish, City, State)

Reconciliation? Yes / No Date: ____/____/____

Eucharist? Yes / No Date: ____/____/____

Confirmation? Yes / No Date: ____/____/____

Religion: _____

Volunteer and Stewardship Opportunities

Check any areas you and/or your family members would be interested in:

Liturgical Roles:	Committees & Services:
Reader: Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Name/s:	Stewardship Committee: <input type="checkbox"/> Name/s:
Usher: Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Name/s:	Buildings and Grounds Committee: <input type="checkbox"/> Name/s:
Altar Servers: Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Name/s: (Boys age 10 and up)	Cemetery Maintenance Committee: <input type="checkbox"/> Name/s:
Rosary Leader: Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Name/s:	Family Life & Marriage Committee: <input type="checkbox"/> Name/s:
Gift Bearer: Sun. <input type="checkbox"/> (Family)	Pro-Life Committee: <input type="checkbox"/> Name/s:
Help with Altar Flowers <input type="checkbox"/> yes Help clean Altar Linens <input type="checkbox"/> yes	Funeral Server: <input type="checkbox"/> Name/s:
Organist: Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Name/s:	CCD Catechist: Grade/s of interest: <input type="checkbox"/> Name/s:
Saturday Evening Cantor:	CCD Catechist Aide: Grade/s of interest: <input type="checkbox"/> Name/s:
Choir: Sun. <input type="checkbox"/> Name/s:	Youth Ministry Helper: <input type="checkbox"/> Name/s:

Are you a member of Knight of Columbus? Yes / No

Would you like to join our chapter? Yes / No

Do you attend DAILY Mass? Yes / No

(If so, we will include you on our email/call list so we can inform you if mass has been canceled.)

What is your most preferred way for us to contact you to inform you of cancelations?

Circle one: Email / Home Phone / Cell Phone Text Message

***Please be sure to inform your previous parish that you have registered with us.**

If you have any other information to share please write it on the back of this page.