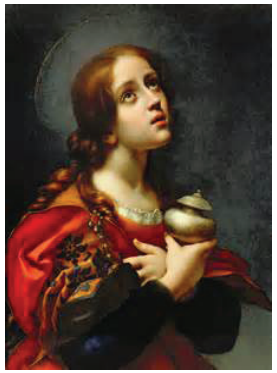

St. Mary Madgalene Catholic Church

LAST NAME ONLY - PLEASE PRINT

Family Last Name _____

Street Address _____ Apt. # _____

City and Zip _____

Husband's Occupation _____

Wife's Occupation _____

If Retired, Former Occupation _____

Maiden Name _____

Tel. _____ Home _____ Cell

Email _____

Need Envelopes? Yes/No Online Giving ? Yes/No

Office Use Only

Envelope Number _____

Date Registered _____

First Name	Middle Initial	Single Married Widow(er) Separated Divorced	Sex	Date of Birth M/D/Yr	Catholic Non-Cath.	Baptized Yes No	1st Comm. Yes No	Confirmed Yes No	Mass Attendance Weekly Monthly Seldom	Perferred Language
			M/F							
			M/F							
Names of Children at Home										
			M/F							
			M/F							
			M/F							
			M/F							
			M/F							
			M/F							