

St. Mary Catholic Church, Newport

11555 St. Mary's Church Road, Charlotte Hall, MD 20622

301-934-8825

stmarycatholicchurchnewportmd@gmail.com

Parishioner Registration Form

Family Last Name: _____
 Mailing Address: _____
 Street Address (if different) _____
 Home Phone Number: _____ Cell Phone Number (His): _____ Cell Phone # (Hers): _____
 E-mail (His): _____ E-mail (Hers): _____

MASS ATTENDANCE

How often is your Mass attendance: ___ Daily ___ Weekly ___ Monthly ___ Other ___
 Which Mass do you typically attend? ___ (Saturday, 5:00 p.m.) ___ (Sunday, 9:00 a.m.) ___ (Daily 8:00 a.m.)

FAMILY INFORMATION

	LAST NAME	FIRST & MIDDLE NAME	Male/Female	Date of Birth (MM/DD/YY)	Baptized?	Received First Communion?	Received Confirmation?
Head of Household							
Spouse							
MARITAL STATUS	___ Single	___ Married	Anniversary Date _____	___ Divorced	Widow/Widower _____		

CHILDREN (UNDER 21)

LAST NAME	FIRST & MIDDLE NAME	Male/Female	Date of Birth MM/DD/YY	Attend Mass? (Y/N)	Baptized?	Received First Communion?	Received Confirmation?

Education, Skills, Occupational Experience:
