



St. Mary's • St. Helen's • St. Thecla's

P A R I S H

Parish Registration Form

Family Information

Family Last Name: _____ Today's Date ____/____/____

First Name (Head of household) : _____ Nickname : _____ Maiden Name? _____

Date of Birth ____/____/____ Marital Status: (Single, Married, Separated, Divorced, etc) _____

Street Address: _____ Apt/ Suite: _____ Catholic?(yes/no): _____

City _____ State ____ Zip Code (plus 4) _____ (____)

Primary Family Email address: _____

Primary Phone # _____ Emergency Phone # _____

Emergency Phone Description (For example: Mom's cell, etc): _____

Any Special Needs or Allergies we should be aware of? _____

We would like to: *Give Online (*parish preferred) Offertory Envelopes (mailed to you every 2 months)

We would like more information about:

Sacraments (baptism, Confirmation, Wedding) Faith Formation (Grade 1-9) Ministry/Volunteer RCIA

Were you previously registered in a parish within the Archdiocese of Boston? If yes, please tell us where:

Previous Parish Name _____ (Town/City) _____

Additional Family Members: Member #2

First name:: _____ Nick Name: _____ Maiden Name? _____

Last Name (if different from Family last name): _____ Date of Birth ____/____/____

Role in Household (Spouse, Son, Daughter, etc) _____ Catholic:?(yes/no): _____

Marital Status: (Single, Married, Separated, Divorced, widowed): _____

Any Special Needs or Allergies we should be aware of? _____

(As of July 1, 2021: We are One Parish with 3 worship sites in Hanover, Norwell and Pembroke)

Additional Family Members (Continued):

Member #3- Relationship to Head of Household (Spouse, Son, Daughter, etc) _____

First name:: _____ Nick Name: _____ Middle Name: _____

Last Name (if different from Family last name): _____ Date of Birth ____/____/____

Place of Birth (Town & State) _____ Catholic (yes/no): ____ Marital Status: (Single, Married, etc) _____

Sacraments received: Baptism? (Date/Parish Name/ City/State) _____

1st Communion ? (Date/Parish Name/ City/State) _____

Please attach or send copies (not originals) of sacramental certificates if you have them. Contact us with questions on this.

Are any Special Needs/Allergies we should be aware of: _____

Member #4- Relationship to Head of Household (Spouse, Son, Daughter, etc) _____

First name:: _____ Nick Name: _____ Middle Name: _____

Last Name (if different from Family last name): _____ Date of Birth ____/____/____

Place of Birth (Town & State) _____ Catholic: (yes/no): ____ Marital Status: (Single, Married, etc) _____

Sacraments received: Baptism? (Date/Parish Name/ City/State) _____

1st Communion ? (Date/Parish Name/ City/State) _____

Please attach or send copies (not originals) of sacramental certificates if you have them. Contact us with questions on this.

Are any Special Needs/Allergies we should be aware of: _____

Member #5- Relationship to Head of Household (Spouse, Son, Daughter, etc) _____

First name:: _____ Nick Name: _____ Middle Name: _____

Last Name (if different from Family last name): _____ Date of Birth ____/____/____

Place of Birth (Town & State) _____ Catholic: (yes/no): ____ Marital Status: (Single, Married, etc) _____

Sacraments received: Baptism? (Date/Parish Name/ City/State) _____

1st Communion ? (Date/Parish Name/ City/State) _____

Please attach or send copies (not originals) of sacramental certificates if you have them. Contact us with questions on this.

Are any Special Needs/Allergies we should be aware of: _____

Welcome to our Parish Family! For up-to-date information about the St. Mary, St. Helen, St. Thecla Parish.

Please visit us at www.holymothers.com or www.lifeteensmash.com.

Parish Office # (781) 826-4303 Parish fax (781) 826-5203 or email us at info@holymothers.com