

SAINT MARIANNE COPE PARISH

340 Hudson Street, Cornwall-on-Hudson, NY 12520
(845) 534-2547 | www.stmariannecope.com

PARISH REGISTRATION FORM

Family Information:

Last Name: _____ First Name(s): _____

Mailing Name (i.e. Mr. and Mrs. John Smith): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # (with area code): _____

Emergency Phone #: _____

Family Email: _____

Adult Member Information:

Parish Status (active/inactive): _____

Role (Head of Household, husband, wife): _____

First Name: _____

Last Name: _____

Gender: M/F (Maiden Name): _____

Date of Birth (mm/dd/yy): _____

Email: _____

Sacrament Info: Baptized? Y/N Catholic? Y/N

Penance? Y/N First Eucharist? Y/N Confirmed? Y/N

Work/Cell #: _____

Occupation & Employer: _____

Parish Status (active/inactive): _____

Role (Head of Household, husband, wife): _____

First Name: _____

Last Name: _____

Gender: M/F (Maiden Name): _____

Date of Birth (mm/dd/yy): _____

Email: _____

Sacrament Info: Baptized? Y/N Catholic? Y/N

Penance? Y/N First Eucharist? Y/N Confirmed? Y/N

Work/Cell #: _____

Occupation & Employer: _____

Dependent Children Information:

First Name	Last Name	Date of Birth	Gender
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_____	_____	_____	M/F
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Baptized? Y/N Catholic? Y/N	Penance? Y/N?	First Eucharist? Y/N?	Confirmed? Y/N
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First Name	Last Name	Date of Birth	Gender
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_____	_____	_____	M/F
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Baptized? Y/N Catholic? Y/N	Penance? Y/N?	First Eucharist? Y/N?	Confirmed? Y/N
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First Name	Last Name	Date of Birth	Gender
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_____	_____	_____	M/F
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Registration Date: _____

Envelope #: _____