



St. Mary Magdalen Registration Form

Date of Registration _____ Registration Number _____

Title: M/M Mr. Mrs. Ms. Last Name _____ First Name _____ Spouse _____

Street Address _____ City _____ State _____ Zip _____

Home/Cell/Work Phone _____

Email Address _____ Number of children at home _____

Marital Status: Married by Priest Married Single Widow Separated Divorced

Previous Parish _____ City _____ State _____

Will you use envelopes: Yes / No Church Attendance: Regular Frequent Occasional Seldom Working on it

	Head	Spouse	Child	Child	Child	Child
First Name						
Maiden Name						
Date of Birth						
Sex						
Marital Status						
Religion						
Occupation (Parents only)						

Office Use

(Diocese Parish list _____ PDS _____ Temporary Env. _____ Direct deposit _____ Welcome Letter _____ Karen _____)



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Sacraments

	Head	Spouse	Child	Child	Child	Child
Baptism						
Communion						
Confirmation						
Marriage						
Deceased						

Ministries _____

Volunteer _____