

ST. MARY'S REGISTRATION FORM

*****PLEASE PRINT

LAST NAME: _____ MR. ___ MRS. ___ MS ___

FIRST NAME: _____

MIDDLE NAME: _____

ADDRESS: _____ APT# _____

CITY- _____ POSTAL CODE: _____

PHONE NUMBER:- _____

CELL NUMBER: _____

ZONE: NORTH- _____ SOUTH _____ EAST _____ WEST _____

MARRIED _____ SINGLE _____ WIDOW/ER _____ OTHER _____

SPOUSE INFORMATION

LAST NAME _____ FIRST NAME _____

MIDDLE INITIAL: _____

ROMAN CATHOLIC: YES _____ NO _____

CHILDREN AT HOME:

NAME	DATE OF BIRTH	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR OCCUPATION: _____

SPOUSE OCCUPATION: _____

I WOULD LIKE TO SUPPORT ST. MARY'S PARISH BY USING:

SUNDAY ENVELOPES: YES: _____ NO: _____

PRE-UTHORIZED WITHDRAW: YES _____ NO _____

