

St Margaret Mary Parish
Family Registration

Reg Date: / /

380 Long Hill Ave, Shelton, CT 06484 (203) 924-4929

Last Name: First Name(s):
 Mailing Name (ie Mr. & Mrs. John Doe
 Address: Add2:
 City: State: Zip: -
 AreaCode: Home Phone: Emerg. Phone:
 Family Email: Env#

Individual Member Information

<p>Parish Status: <i>(Active, Inactive)</i></p> <p>Role: <i>(Head of House, Husband, Wife etc.)</i></p> <p>First Name / Nickname:</p> <p>Gender: Male / Female (Maiden)</p> <p>DOB (mm/dd/yyyy):</p> <p>Email:</p> <p>Work Phone/Cell Phone:</p> <p>First Language:</p> <p>Occupation/Employer:</p> <p>Sacramental Info:</p> <p>Dates (mm/dd/yyyy):</p> <p><i>(Single, Married, Separated, Divorced, Annulled)</i></p> <p>Marital Status:</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> / <input type="text"/></p> <p><input type="text"/> Male / Female (Maiden) <input type="text"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> / <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> / <input type="text"/></p> <p>Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/> Valid Catholic Marriage? <input type="checkbox"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> / <input type="text"/></p> <p><input type="text"/> Male / Female (Maiden) <input type="text"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> / <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> / <input type="text"/></p> <p>Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/></p> <p><input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/></p>
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Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household <i>(Son, Daughter, Mother Father etc.)</i>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<input type="text"/>	M / F	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
2.	<input type="text"/>	M / F	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
3.	<input type="text"/>	M / F	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.