

ST MARGARET MARY PARISH

Family Registration

50 Donovan Lane Shelton, CT 06484 (203) 924-4929

Date Filled Out ____/____/____

Please check to receive contribution envelopes Env # _____

For office use only

Mailing Name: (e.g., Mr. & Mrs. John Doe) _____

Address: _____

Home Phone: (____) _____

Emergency contact not living in household:

Name: _____ Phone: (____) _____ Relation: _____

Family Email: _____@_____

Individual Member Information

(please include all adults living in household- attach more sheets if needed)

Member #1

(figurative "head of household")

Member #2

Role: (husband, wife, etc.) _____

Full Name: _____

Maiden Name: _____

DOB: (mm/dd/yyyy) ____/____/____

Email Address: _____@_____

Cell/Work Phone(s): (____)_____/ (____)_____

First Language: _____

Occupation: _____

Religion: Catholic Other _____

(regular Church attendee?)

Yes No

Catholic Other _____

Yes No

Sacramental Info: Baptism ____/____/____

First Eucharist ____/____/____

Confirmation ____/____/____

Baptism ____/____/____

First Eucharist ____/____/____

Confirmation ____/____/____

Marital Status: (single, married, separated, divorced, annulled, widowed)

Valid Catholic Marriage?

Valid Catholic Marriage?

Dependent Children Information

(please attach additional sheets to include more than 2 dependents)

Relationship to

Dependent #1

Dependent #2

Head of Household: (son, daughter, step-son, etc.)

Full Name: _____

Birth Date and Place: ____/____/____ _____

Sacramental Info: Baptism ____/____/____

First Eucharist ____/____/____

Confirmation ____/____/____

Baptism ____/____/____

First Eucharist ____/____/____

Confirmation ____/____/____