

Registration Date \_\_\_\_\_ 200\_\_ Family ID 9 \_\_\_\_\_

# SMG Parishioner Registration Form

Family Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Previous Parish: \_\_\_\_\_ City & State \_\_\_\_\_

### Adult Member #1:

First Name \_\_\_\_\_

Preferred Title - Mr. Mrs. Ms. Miss Dr.

Birth date \_\_\_\_\_ Religion \_\_\_\_\_

Baptized  yes  no Confirmed  yes  no

Occupation/Job Title \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Adult Member #2:

First Name \_\_\_\_\_

Preferred Title - Mr. Mrs. Ms. Miss Dr.

Birth date \_\_\_\_\_ Religion \_\_\_\_\_

Baptized  yes  no Confirmed  yes  no

Occupation/Job Title \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Marital Status:

Single  Married  Divorced  Widowed

If Married:

Were you Married by a Catholic priest?  Yes  No

Date of Marriage: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

### Other Family Members:

(Denote any children no longer living at home with an asterisk by their name.

Include last name if different. )

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Religion \_\_\_\_\_

Baptized  Confirmed Marital Status \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Religion \_\_\_\_\_

Baptized  Confirmed Marital Status \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Religion \_\_\_\_\_

Baptized  Confirmed Marital Status \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Religion \_\_\_\_\_

Baptized  Confirmed Marital Status \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Religion \_\_\_\_\_

Baptized  Confirmed Marital Status \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Religion \_\_\_\_\_

Baptized  Confirmed Marital Status \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Religion \_\_\_\_\_

Baptized  Confirmed Marital Status \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relation \_\_\_\_\_ Religion \_\_\_\_\_

Baptized  Confirmed Marital Status \_\_\_\_\_

**Special Needs:** Does anyone in your immediate household, including yourself, have special needs? (e.g. wheelchair, hearing, sight, etc.)

\_\_\_\_\_  
\_\_\_\_\_

For office use only:

Entered in Census \_\_\_\_\_ and Catholic Moment \_\_\_\_\_