



PARISH REGISTRATION FORM

St. Mary's Church

P.O. Box 547

12 William St. Newport, RI 02840



Parish Status:
Active / Inactive

Date: _____

Last Name: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Email: _____

Male Head of Household (Name): _____

Date of Birth: _____ Religion: Catholic _____ or Other: _____

Years of Education: _____ Marriage Status: Single _____, Married _____, Widowed _____, Divorced _____

Married in the Church: Yes _____, No _____ Date & Place of Marriage: _____

Cell Phone: _____ Email: _____

Occupation: _____ Place of Business: _____

Church Volunteering: _____

Female Head of Household (First Name): _____ (Maiden name): _____

Date of Birth: _____ Religion: Catholic _____ or Other: _____

Years of Education: _____ Marriage Status: Single _____, Married _____, Widowed _____, Divorced _____

Married in the Church: Yes _____, No _____ Date & Place of Marriage: _____

Cell Phone: _____ Email: _____

Occupation: _____ Place of Business: _____

Church Volunteering: _____

Special Notes:

CHILDREN: *List from oldest to youngest. List only those living at home (or away at school)*

Name: _____ Date of Birth: _____

Baptized: _____ First Communion: _____ Confirmed: _____ Rel Ed grade: _____

School: _____ Grade: _____

Name: _____ Date of Birth: _____

Baptized: _____ First Communion: _____ Confirmed: _____ Rel Ed grade: _____

School: _____ Grade: _____

Name: _____ Date of Birth: _____

Baptized: _____ First Communion: _____ Confirmed: _____ Rel Ed grade: _____

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Baptized: _____ First Communion: _____ Confirmed: _____ Rel Ed grade: _____

School: _____ Grade: _____

Name: _____ Date of Birth: _____

Baptized: _____ First Communion: _____ Confirmed: _____ Rel Ed grade: _____

School: _____ Grade: _____

List any other members of your household: Name / Date of Birth / Marital Status / Relationship / Housebound?