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| **Would you like to receive envelopes for your weekly donation?** | | | | | **Registration Form** |  | | |
| **YES** |  | **NO** |  | **REGISTRATION FOR St. Mary** | | |  |  |

A close up of a logo

Description generated with very high confidence

St. Mary Parish and St. Rose Parish

307 N. Church St., Bloomfield, NM 87413

Phone: (505) 632-2014

Fax: (505) 634-0312

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| **REGISTRATION FOR St. Rose of Lima** | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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| **Family Last Name** | | | | | | | | |  | **Date** | | | | | | |  | | | | | | | | | |
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| Physical Address | | | | | |  | | Mailing Address | | | | |  | | City, State & Zip | | | | | | |  | | Home Phone # | | |
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| **Head of House Name** | | | | **Middle** | | | **Last Name** | | |  | **Spouse Name** | | | | | | | **Middle** | | | | | **(Maiden Name)** | | | |
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| Occupation | | | |  | Work # | | | | |  | Occupation | | | | | | | | |  | Work # | | | | | |
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| Cell # | | | |  | Religion | | | | |  | Cell # | | | | | | | | |  | Religion | | | | | |
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| Date of Birth | | | |  | City Born In | | | | |  | Date of Birth | | | | | | | | |  | City Born In | | | | | |
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| **SACRAMENT INFORMATION** | | | | | | | | | |  | **SACRAMENT INFORMATION** | | | | | | | | | | | | | | | |
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| **Baptism** Yes/No Date | | | |  | Church of Baptism | | | | |  | **Baptism** Yes/No Date | | | | | | | | |  | Church of Baptism | | | | | |
|  | | | | | | | | | |  |  | | | | | | | | | | | | | | | |
| City State | | | | | | | | | |  | City State | | | | | | | | | | | | | | | |
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| **Confirmation** Yes/No Date | | | |  | Church of Confirmation | | | | |  | **Confirmation** Yes/No Date | | | | | | | | |  | Church of Confirmation | | | | | |
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| Marital Status: | |  | Single |  | |  | Divorced |  |  | Widowed |  |  | Separated | |  |  | Civil Marriage |  |  | Living Together |
|  |  | | | |  | | | | | | | | |  | | | | | | |
|  | Church Marriage | | | | (Name and place of church where married): | | | | | | | | |  | | | | | | |

PLEASE FILL OUT REVERSE SIDE

**STUDENT INFORMATION**

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| **FIRST CHILD** | | | | | | | | | | | | | | | | | | | |  | | **SECOND CHILD** | | | | | | | | | | | | | | | | | | |  | **THIRD CHILD** | | | | | | | | | | | | | | | | | |
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| First Name Middle | | | | | | | | | | | | | | | | | | | |  | | First Name Middle | | | | | | | | | | | | | | | | | | |  | First Name Middle | | | | | | | | | | | | | | | | | |
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| Last name IF Different from Family | | | | | | | | | | | | | | | | | | | |  | | Last name IF Different from Family | | | | | | | | | | | | | | | | | | |  | Last name IF Different from Family | | | | | | | | | | | | | | | | | |
| M / F | | |  | | | |  | | | / | | | / | | |  | | | |  | | M / F | | | |  | | | |  | | / | | | / | | |  | | |  | M / F | | | |  | | |  | / | | | | / | | |  | | |
| Circle | | | Age | | | |  | | | Date of Birth | | | | | | | | | |  | | Circle | | | | Age | | | |  | | Date of Birth | | | | | | | | |  | Circle | | | | Age | | |  | Date of Birth | | | | | | | | | |
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| Place of Birth | | | | | | | | | | City/State | | | | | | | | | |  | | Place of Birth | | | | | | | | | | City/State | | | | | | | | |  | Place of Birth | | | | | | | | City/State | | | | | | | | | |
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| School attending this year | | | | | | | | | | | | | |  | Grade | | | | |  | | School attending this year | | | | | | | | | | | | |  | Grade | | | | |  | School attending this year | | | | | | | | | | | |  | Grade | | | | |
|  | | | | | | | | | | | | | |  |  | | | | |  | |  | | | | | | | | | | | | |  |  | | | | |  |  | | | | | | | | | | | |  |  | | | | |
| Last date attended R.E. | | | | | | | | | | | | | |  | Yrs. in R.E. | | | | |  | | Last date attended R.E. | | | | | | | | | | | | |  | Yrs. in R.E. | | | | |  | Last date attended R.E. | | | | | | | | | | | |  | Yrs. in R.E. | | | | |
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| Health Issues | | | | | | | | | | | | | | | | | | | |  | | Health Issues | | | | | | | | | | | | | | | | | | |  | Health Issues | | | | | | | | | | | | | | | | | |
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| (medical/behavioral/learning) | | | | | | | | | | | | | | | | | | | |  | | (medical/behavioral/learning) | | | | | | | | | | | | | | | | | | |  | (medical/behavioral/learning) | | | | | | | | | | | | | | | | | |
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| **SACRAMENT INFORMATION** | | | | | | | | | | | | | | | | | | | |  | | **SACRAMENT INFORMATION** | | | | | | | | | | | | | | | | | | |  | **SACRAMENT INFORMATION** | | | | | | | | | | | | | | | | | |
| / | | / | | |  | | | |  | | I request | | | | | | |  | | |  | | / | | / | |  | | | |  | | I request | | | | | | |  |  | / | | | / | |  | | | |  | I request | | | | | | |  |
| Baptism Date | | | | | | | | |  | | baptism | | | | | | |  | | Baptism Date | | | | | | | |  | | baptism | | | | | | |  | Baptism Date | | | | | | | | |  | baptism | | | | | | |
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| Church of Baptism | | | | | | | | | | | | | | | | | | | | |  | | Church of Baptism | | | | | | | | | | | | | | | | | |  | Church of Baptism | | | | | | | | | | | | | | | | | |
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| City State Zip Code | | | | | | | | | | | | | | | | | | | | |  | | City State Zip Code | | | | | | | | | | | | | | | | | |  | City State Zip Code | | | | | | | | | | | | | | | | | |
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|  | Date of 1st Comm. | | | | | | | | | | | | | | | |  | | |  | |  | | Date of 1st Comm. | | | | | | | | | | | | | | |  | |  |  | Date of 1st Comm. | | | | | | | | | | | | | | |  | |
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| Church of 1st Communion | | | | | | | | | | | | | | | | | | | |  | | Church of 1st Communion | | | | | | | | | | | | | | | | | | |  | Church of 1st Communion | | | | | | | | | | | | | | | | | |
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| City State Zip Code | | | | | | | | | | | | | | | | | | | |  | | City State Zip Code | | | | | | | | | | | | | | | | | | |  | City State Zip Code | | | | | | | | | | | | | | | | | |
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| Has child received First Confession? | | | | | | | | | | | | | | | | | | | |  | | Has child received First Confession? | | | | | | | | | | | | | | | | | | |  | Has child received First Confession? | | | | | | | | | | | | | | | | | |
| Yes | | | |  | | No | | | | | | | | |  | | | |  |  | | Yes | | | |  | | No | | | | | | | | |  | | |  |  | Yes | |  | | | No | | | | | | | | |  | | |  |