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



St. Mary Parish and St. Rose Parish

307 N. Church St., Bloomfield, NM 87413

Phone: (505) 632-2014

Fax: (505) 634-0312

|  |  |  |
| --- | --- | --- |
| **REGISTRATION FOR St. Rose of Lima** |  |  |
|  |
|  |
|  |  | / | / |  |  |
| **Family Last Name** |  | **Date** |  |
|  |  |  |  |  |  |  |
| Physical Address  |  | Mailing Address |  | City, State & Zip |  | Home Phone # |
|  |  |  |
| **Head of House Name**  | **Middle** | **Last Name** |  | **Spouse Name**  | **Middle** | **(Maiden Name)** |
|  |  |  |
|  |  |  |  |  |  |  |
| Occupation |  | Work # |  | Occupation |  | Work # |
|  |  |  |  |  |  |  |
| Cell # |  | Religion |  | Cell # |  | Religion |
| / | / |  |  |  |  | / | / |  |  |  |
| Date of Birth |  | City Born In |  | Date of Birth |  | City Born In |
|  |  |  |
| **SACRAMENT INFORMATION** |  | **SACRAMENT INFORMATION** |
|  |  |  |  |  |  |  |
| **Baptism** Yes/No Date |  |  Church of Baptism |  | **Baptism** Yes/No Date |  |  Church of Baptism |
|  |  |  |
| City State  |  | City State  |
|  |  |  |  |  |  |  |
| **Confirmation** Yes/No Date |  | Church of Confirmation |  | **Confirmation** Yes/No Date |  | Church of Confirmation |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FIRST CHILD** |  | **SECOND CHILD** |  | **THIRD CHILD** |
|  |  |  |  |  |
| First Name Middle |  | First Name Middle |  | First Name Middle |
|  |  |  |  |  |
| 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 |
|  |  |  |  |  |  |  |  |
| Place of Birth | City/State |  | Place of Birth | City/State |  | Place of Birth | City/State |
|  |  |  |  |  |  |  |  |  |  |  |
| 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. |
|  |  |  |  |  |
| Health Issues |  | Health Issues |  | Health Issues |
|  |  |  |  |  |
| (medical/behavioral/learning) |  | (medical/behavioral/learning) |  | (medical/behavioral/learning) |
|  |  |  |  |  |
| **SACRAMENT INFORMATION** |  | **SACRAMENT INFORMATION** |  | **SACRAMENT INFORMATION** |
| / | / |  |  | I request |  |  | / | / |  |  | I request |  |  | / | / |  |  | I request |  |
| Baptism Date |  | baptism |  | Baptism Date |  | baptism |  | Baptism Date |  | baptism |
|  |  |  |  |  |
| Church of Baptism |  | Church of Baptism |  | Church of Baptism |
|  |  |  |  |  |
| City State Zip Code |  | City State Zip Code |  | City State Zip Code |
|  | / | / |  |  |  |  | / | / |  |  |  |  | / | / |  |  |
|  | Date of 1st Comm. |  |  |  | Date of 1st Comm. |  |  |  | Date of 1st Comm. |  |
|  |  |  |  |  |
| Church of 1st Communion |  | Church of 1st Communion |  | Church of 1st Communion |
|  |  |  |  |  |
| City State Zip Code |  | City State Zip Code |  | City State Zip Code |
|  |  |  |  |  |
| Has child received First Confession? |  | Has child received First Confession? |  | Has child received First Confession? |
| Yes |  | No |  |  |  | Yes |  | No |  |  |  | Yes |  | No |  |  |