St. Mary's Catholic Church
415 E. Eighth St.
New Albany, IN 47150
812-944-0417

Parish Registration Form
Please print and fill in information for each member
of household and return form to St. Mary's Church.

FAMILY LAST NAME_____ DATE_____

ADDRESS_____

CITY, STATE, ZIP_____

PHONE #_____

Office Use Only:

Envelope #_____
Realm_____
OSV_____

HEAD OF HOUSEHOLD

Title*_____ First Name_____ Middle Name_____ Suffix_____

Nickname_____ Gender_____ Birth Date_____

Religion**_____ Marital Status^_____

Occupation_____ Employer_____ Phone_____

Cell #_____ Email_____

Languages spoken (other than English) _____ Handicap (if any)^^_____

Sacraments received – Yes/No & list date if known

Baptism_____ Reconciliation_____ First Communion_____

Confirmation_____ Matrimony_____ Date of Marriage_____

SPOUSE   Maiden Name_____

Title*_____ First Name_____ Middle Name_____

Nickname_____ Gender_____ Birth Date_____

Religion**_____ Marital Status^_____

Occupation_____ Employer_____ Phone_____

Cell #_____ Email_____

Languages spoken (other than English) _____ Handicap (if any)^^_____

Sacraments received – Yes/No & list date if known

Baptism_____ Reconciliation_____ First Communion_____

Confirmation_____ Matrimony_____ Date of Marriage_____

INSTRUCTIONS FOR FILLING OUT CENSUS SHEET: (please print)
Phone # - please note unlisted number with U if number is not to be published
*Title: Mr, Mrs, Ms, Dr, Miss, etc.
**Religion: Catholic, Baptist, Episcopalian, Methodist, Presbyterian, Other (please list), None
^Marital Status: Married, Single, Widowed, Separated, Divorced
^^If handicapped, please list handicap (deaf, blind, disabled, etc.) OR shut-in/homebound

FORMS FOR OTHERS IN HOUSEHOLD ON BACK OF SHEET

Please list information for all others in household (children, teens, & young adults). Other adults living in household, please fill out a separate form as a Duplicate Household.

First Name_____Middle_____Nickname_____

Last Name (if different) _____ Gender_____ Birth Date_____

Religion_____ School_____ Grade_____

Languages spoken (other than English) _____ Handicap (if any)_____

(Sacraments received – Yes/No & list date if known)   Baptism_____

Reconciliation_____ First Communion_____ Confirmation_____

First Name_____Middle_____Nickname_____

Last Name (if different) _____ Gender_____ Birth Date_____

Religion_____ School_____ Grade_____

Languages spoken (other than English) _____ Handicap (if any)_____

(Sacraments received – Yes/No & list date if known)   Baptism_____

Reconciliation_____ First Communion_____ Confirmation_____

First Name_____Middle_____Nickname_____

Last Name (if different) _____ Gender_____ Birth Date_____

Religion_____ School_____ Grade_____

Languages spoken (other than English) _____ Handicap (if any)_____

(Sacraments received – Yes/No & list date if known)   Baptism_____

Reconciliation_____ First Communion_____ Confirmation_____

First Name_____Middle_____Nickname_____

Last Name (if different) _____ Gender_____ Birth Date_____

Religion_____ School_____ Grade_____

Languages spoken (other than English) _____ Handicap (if any)_____

(Sacraments received – Yes/No & list date if known)   Baptism_____

Reconciliation_____ First Communion_____ Confirmation_____