



St. Columbanus Catholic Church  
 Mary Mother Mercy Catholic Cluster  
 Blooming Prairie, MN

# Parishioner Registration Form

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

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer & Position: \_\_\_\_\_

Spouse/Other Adult: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer & Position: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marriage Date: \_\_\_\_\_

## Adults

Family Role (Please Circle)	First Name	Nickname	Middle Name	Last Name (If Different)	Birth Date	Religion	Baptism Date	Church of Baptism City & State	Confirmed (Please Circle)
Head of Household									Y/N
Spouse Other Adult									Y/N

Maiden Name: \_\_\_\_\_

## Dependent Children (18 or Younger)

Son									Y/N
Daughter									Y/N
Son									Y/N
Daughter									Y/N
Son									Y/N
Daughter									Y/N

For Office Use Only:

FS: \_\_\_\_\_

Envelope #: \_\_\_\_\_

Date Received: \_\_\_\_\_