

REGISTRATION: ST. MARY, MOTHER OF THE CHURCH CATHOLIC PARISH

Welcome! Please provide the following information so we can update our registry.

If you are registered with another parish in the Diocese of Raleigh, please provide the

Parish name: _____ City: _____

Family's Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Unlisted? _____

Adult Name: _____

	First	Middle	Last
Title:	Dr	Mr	Mrs Ms Miss
Gender:	Male	Female	Date of birth: _____
Cell: (____)	_____		Email: _____

This person is: Single Married Divorced Separated Union Libre Widowed

Religion: Catholic Other: _____

Circle if received: Baptism First Confirmation Marriage in Marriage outside
 Communion Church of Church

If married: name of church, city, state, country: _____

Ethnic group: _____

Occupation: _____

Adult Name: _____

	First	Middle	Last
Title:	Dr	Mr	Mrs Ms Miss
Gender:	Male	Female	Date of birth: _____
Cell: (____)	_____		Email: _____

This person is: Single Married Divorced Separated Union Libre Widowed

Relationship to Adult above: Spouse Child Other: _____

Religion: Catholic Other: _____

Circle if received: Baptism First Confirmation Marriage in Marriage outside of
 Communion Catholic Church Catholic Church

If married: name of church, city, state, country: _____

Ethnic group: _____

Occupation: _____

Office use: Realm date: _____ #: _____

entered by: _____ CID #: _____

Child Name: _____
First Middle Last
Gender: Male Female Date of birth: _____
Cell: (____) _____ Email: _____
Religion: Catholic Other: _____
Circle sacraments received: Baptism First Communion Confirmation
Ethnic group: _____

Child Name: _____
First Middle Last
Gender: Male Female Date of birth: _____
Cell: (____) _____ Email: _____
Religion: Catholic Other: _____
Circle sacraments received: Baptism First Communion Confirmation
Ethnic group: _____

Child Name: _____
First Middle Last
Gender: Male Female Date of birth: _____
Cell: (____) _____ Email: _____
Religion: Catholic Other: _____
Circle sacraments received: Baptism First Communion Confirmation
Ethnic group: _____

Child Name: _____
First Middle Last
Gender: Male Female Date of birth: _____
Cell: (____) _____ Email: _____
Religion: Catholic Other: _____
Circle sacraments received: Baptism First Communion Confirmation
Ethnic group: _____

Child Name: _____
First Middle Last
Gender: Male Female Date of birth: _____
Cell: (____) _____ Email: _____
Religion: Catholic Other: _____
Circle sacraments received: Baptism First Communion Confirmation
Ethnic group: _____