



St. Mary Roman Catholic Church

3346 University Avenue, Morgantown, WV 26505 Phone: (304) 599-3747 email: stmaryschurch@comcast.net

PARISHIONER REGISTRATION FORM

Household Information			
Last Name:	First Name(s):	Title(s):	
Family Email:	Home Phone:	-	-
Home Address	Street:		
City:	State:	Zip:	-

Please check all that apply: OK to Publish Phone OK to Publish Address OK to Publish Email

Opt in to parish communications via email & text message (e.g. parish newsletters or communications about church programming)

Please **Print** all answers, If any unknown information, leave field blank.

Please fold and mail to the Parish Office at the above address, or drop into regular collection when complete

Head of Household Information			
Last Name:	First:	Middle:	Preferred/Nick Name:
Status at Parish:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title (Ms, Dr., Mrs., Mr. etc.):			
Date of Birth:	-	-	Birth Place:
Email:	Cell Phone:	-	-
Other Phone:	-	-	Type:
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other—please specify:		
Religion:	<input type="checkbox"/> Catholic <input type="checkbox"/> Other—please specify:		
Sacramental Information (include dates if known)			
<input type="checkbox"/> Baptism	-	-	<input type="checkbox"/> First Reconciliation
			-
<input type="checkbox"/> First Eucharist	-	-	<input type="checkbox"/> Confirmation
			-
<input type="checkbox"/> Marriage	-	-	<input type="checkbox"/> By Priest <input type="checkbox"/> Not by Priest
			Maiden Name:

Member #2 Living at Same address									
Last Name:			First:		Middle:		Preferred/Nick Name:		
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other—please specify:									
Status at Parish: <input type="checkbox"/> Active <input type="checkbox"/> Inactive			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Title (Ms, Dr., Mrs., Mr. etc.):				
Date of Birth: - -			Birth Place:						
Email:			Cell Phone: - -		Other Phone: - -			Type:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other—please specify:									
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other—please specify:									
Sacramental Information (include dates if known)									
<input type="checkbox"/> Baptism - -			<input type="checkbox"/> First Reconciliation - -						
<input type="checkbox"/> First Eucharist - -			<input type="checkbox"/> Confirmation - -						
<input type="checkbox"/> Marriage - -			<input type="checkbox"/> By Priest <input type="checkbox"/> Not by Priest		Maiden Name:				

Member #3 Living at Same address									
Last Name:			First:		Middle:		Preferred/Nick Name:		
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other—please specify:									
Status at Parish: <input type="checkbox"/> Active <input type="checkbox"/> Inactive			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Title (Ms, Dr., Mrs., Mr. etc.):				
Date of Birth: - -			Birth Place:						
Email:			Cell Phone: - -		Other Phone: - -			Type:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other—please specify:									
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other—please specify:									
Sacramental Information (include dates if known)									
<input type="checkbox"/> Baptism - -			<input type="checkbox"/> First Reconciliation - -						
<input type="checkbox"/> First Eucharist - -			<input type="checkbox"/> Confirmation - -						
<input type="checkbox"/> Marriage - -			<input type="checkbox"/> By Priest <input type="checkbox"/> Not by Priest		Maiden Name:				

Member #4 Living at Same address						
Last Name:		First:		Middle:		Preferred/Nick Name:
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other—please specify:						
Status at Parish: <input type="checkbox"/> Active <input type="checkbox"/> Inactive		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Title (Ms, Dr., Mrs., Mr. etc.):		
Date of Birth: - -		Birth Place:				
Email:		Cell Phone: - -		Other Phone: - -		Type:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other—please specify:						
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other—please specify:						
Sacramental Information (include dates if known)						
<input type="checkbox"/> Baptism - -		<input type="checkbox"/> First Reconciliation - -				
<input type="checkbox"/> First Eucharist - -		<input type="checkbox"/> Confirmation - -				
<input type="checkbox"/> Marriage - -		<input type="checkbox"/> By Priest <input type="checkbox"/> Not by Priest		Maiden Name:		

Member #5 Living at Same address						
Last Name:		First:		Middle:		Preferred/Nick Name:
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other—please specify:						
Status at Parish: <input type="checkbox"/> Active <input type="checkbox"/> Inactive		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Title (Ms, Dr., Mrs., Mr. etc.):		
Date of Birth: - -		Birth Place:				
Email:		Cell Phone: - -		Other Phone: - -		Type:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other—please specify:						
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other—please specify:						
Sacramental Information (include dates if known)						
<input type="checkbox"/> Baptism - -		<input type="checkbox"/> First Reconciliation - -				
<input type="checkbox"/> First Eucharist - -		<input type="checkbox"/> Confirmation - -				
<input type="checkbox"/> Marriage - -		<input type="checkbox"/> By Priest <input type="checkbox"/> Not by Priest		Maiden Name:		

Member #6 Living at Same address									
Last Name:			First:		Middle:		Preferred/Nick Name:		
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other—please specify:									
Status at Parish: <input type="checkbox"/> Active <input type="checkbox"/> Inactive			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Title (Ms, Dr., Mrs., Mr. etc.):				
Date of Birth: - -			Birth Place:						
Email:			Cell Phone: - -		Other Phone: - -			Type:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other—please specify:									
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other—please specify:									
Sacramental Information (include dates if known)									
<input type="checkbox"/> Baptism - -			<input type="checkbox"/> First Reconciliation - -						
<input type="checkbox"/> First Eucharist - -			<input type="checkbox"/> Confirmation - -						
<input type="checkbox"/> Marriage - -			<input type="checkbox"/> By Priest <input type="checkbox"/> Not by Priest		Maiden Name:				

Member #7 Living at Same address									
Last Name:			First:		Middle:		Preferred/Nick Name:		
Relationship to Head of Household: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other—please specify:									
Status at Parish: <input type="checkbox"/> Active <input type="checkbox"/> Inactive			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Title (Ms, Dr., Mrs., Mr. etc.):				
Date of Birth: - -			Birth Place:						
Email:			Cell Phone: - -		Other Phone: - -			Type:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other—please specify:									
Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Other—please specify:									
Sacramental Information (include dates if known)									
<input type="checkbox"/> Baptism - -			<input type="checkbox"/> First Reconciliation - -						
<input type="checkbox"/> First Eucharist - -			<input type="checkbox"/> Confirmation - -						
<input type="checkbox"/> Marriage - -			<input type="checkbox"/> By Priest <input type="checkbox"/> Not by Priest		Maiden Name:				