

St. Mary of the Woods Catholic Church

Registration Information

Welcome to the St. Mary of the Woods Family! Please print clearly as this information is important to us so serve you and your family to the fullest.

HEAD OF HOUSEHOLD INFORMATION									
Last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Church Married / Civil Marriage / Divorced / Separated / Widowed	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name?		(Former name):		Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Home phone no.: ()			Cell phone no.: ()		
P.O. box:		City:			State:		ZIP Code:		
Occupation:		Employer:				Employer phone no.: ()			
E-Mail Address:									
SPOUSE INFORMATION									
Last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Church Married / Civil Marriage / Divorced / Separated / Widowed	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name?		(Former name):		Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address (if different from above):				Home phone no.: ()			Cell phone no.: ()		
P.O. box:		City:			State:		ZIP Code:		
Occupation:		Employer:				Employer phone no.: ()			
E-Mail Address:									

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MEMBER NAME	DATE OF BIRTH	RELIGION	SEX M/F	HIGHEST GRADE OR DEGREE	BAPTIZED DATE & LOCATION	1 ST COMMUNION DATE & LOCATION	CONFIRMATION DATE & LOCATION	MARRIAGE DATE & LOCATION