

# 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 to serve you and your family to the fullest.

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

