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 HOU | JSEł | IOLD INFORI | MAT | ION | | | | | | | |
|-----------------------|-----------------------|--------------|---------------------|---------|-----------------|-----------------|--------|-----------------|---------------------|--|-----------------------------|--|---|-------|
| Last name: | | | First: | | Middle: | םм | Ir | 🗆 Mis | s | / / □ M Cell phone no.: () ZIP Code: Employer phone no.: () Marital status (circle one) Single / Church Married / Civil Marriag Divorced / Separated / Widowed | | | | |
| | | | | | | ПM | | □ Ms. | | Single Divorce | / Churc d / Sep | h Married / parated / W | Vidowed Sex: M M ' Civil Marriag Vidowed Sex: | ige / |
| Is this your legal na | ame? | If not, what | is your legal name? | (Forr | mer name): | | | | Birth date | e: | | Age: | Sex: | |
| 🖵 Yes | 🗖 No | | | | | | | | / | / | | | ШM | ΠF |
| Street address: | | | | | Home phone no.: | | | | | Cell phone no.: | | | | |
| | | | | () | | | | | | () |) | | | |
| P.O. box: | | | City: | | | | State: | | | | ZIP C | ode: | | |
| Occupation: | | | Employer: | | | | | | | Employe | er phone | e no.: | | |
| | | | | | | | | | | () |) | Church Married / Civil Marriage / Age: Sex: D M D M D M D M D M D M D M D M D M D M | | |
| E-Mail Address: | | | SPOUS | SE IN | IFORMATION | 1 | | | | | | | | |
| Last name: First: | | | | | Middle: | | | | | | Marital status (circle one) | | | |
| | | | | | | □ Mr. □ Mrs. | | □ Miss □ Ms. | | Single / Church Married / Civil Marriage / | | | | |
| Is this your legal na | ame? | If not, what | is your legal name? | (Forr | mer name): | | | | Birth date |): | | Age: | Sex: | |
| 🖵 Yes | 🗖 No | | | | | | | | / | / | | | ШΜ | ΠF |
| Street address (if c | lifferent from above) | : | | | Home phone no.: | | | | | Cell pho | one no.: | | | |
| | | | | | () | | | | | () | | | | |
| P.O. box: | | | City: | | | | State: | | | | ZIP C | ode: | | |
| 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 |
|-------------|---------------------|----------|------------|-------------------------------|-----------------------------|--|---------------------------------|-----------------------------|
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