



# St. Mary's Catholic Church PARISH REGISTRATION FORM

PLEASE PRINT CLEARLY

Family Last Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ His Cell \_\_\_\_\_ Her Cell \_\_\_\_\_  
Family Email Address \_\_\_\_\_

Do you want your contact information listed in our printed parish directory?  Yes  No If you do not want some of your information published, check which one(s):  Postal Address  Phone Numbers  Email Address  
All languages spoken at home (circle your preferred language) \_\_\_\_\_

### HEAD OF HOUSEHOLD INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Month/Day/Year)  
Occupation \_\_\_\_\_ Religion \_\_\_\_\_  
Ethnic Background (optional):  Caucasian  African American  Hispanic  Asian  Other (specify): \_\_\_\_\_  
Country of Origin \_\_\_\_\_  
Marital Status:  Single  Married  Divorced  Separated  Widow(er)  Living together  
If married:  Married in Catholic Church  Married in other Christian church  Civil marriage  
Sacraments Received:  Baptism  Communion  Confirmation

### IF MARRIED, SPOUSE'S INFORMATION

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (Month/Day/Year) Religion \_\_\_\_\_ Occupation \_\_\_\_\_  
Ethnic Background (optional):  Caucasian  African American  Hispanic  Asian  Other (specify): \_\_\_\_\_  
Country of Origin \_\_\_\_\_  
Sacraments Received:  Baptism  Communion  Confirmation

### FAMILY INFORMATION (For gender, use M-male or F-female. Write dates as Month/Day/Year. Check the sacraments received.)

Names of Children Living in Your Home	Gender	Date of Birth	Grade	Baptism	Communion	Confirmation
Other People Living in Your Home	Gender	Date of Birth	Relationship		Religion	

### FAITH FORMATION (Write names in space below.)

I want to enroll the following family members, 7 years or older who have not been baptized in the Catholic Church, in the *Becoming Catholic* program. \_\_\_\_\_

I want to enroll my children in *St. Mary's School* (PreK-8<sup>th</sup>). \_\_\_\_\_

I want to enroll my children in *Children's Faith Formation* (PreK-5<sup>th</sup>). \_\_\_\_\_

I want to enroll my children in *Youth Group* (6<sup>th</sup>-12<sup>th</sup>). \_\_\_\_\_

Do you have any comments, questions, or concerns to report to our parish staff? \_\_\_\_\_

<b>OFFICE USE ONLY</b> Date Registered: _____ PDS Number: _____ Date Welcomed: _____	<b>Notification Check list:</b> <input type="checkbox"/> Newcomers Welcoming Committee <input type="checkbox"/> Diocese of Knoxville <input type="checkbox"/> East TN Catholic Newspaper
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