

St. Martha Roman Catholic Church - Parishioner Registration

Please Print – Form must be filled out completely.

Would you like to receive envelopes? Y/N #	FAMILY NAME _____ HOME PHONE _____
	ADDRESS _____ CITY _____ ZIP _____
	FAMILY E-MAIL _____

CIRCLE ONE:

MR & MRS MR. MRS.
MS. MISS DR. REV.

HEAD OF HOUSEHOLD

SPOUSE

CHILD/ADULT

CHILD

CHILD

FIRST NAME					
LAST NAME					
PHONE WORK					
CELL					
RELIGION					
GENDER	M/F	M/F	M/F	M/F	M/F
OCCUPATION					
DATE OF BIRTH					
MARITAL STATUS					
LANGUAGE AT HOME					

SACRAMENTS *Please enter dates if known.*

BAPTISM	Y/N	Y/N	Y/N	Y/N	Y/N
1 ST COMMUNION	Y/N	Y/N	Y/N	Y/N	Y/N
1 ST RECONCILIATION	Y/N	Y/N	Y/N	Y/N	Y/N
CONFIRMATION	Y/N	Y/N	Y/N	Y/N	Y/N
MARRIAGE	Y/N	Y/N	Y/N	Y/N	Y/N

RESIDENT STATUS = YEAR ROUND
 WINTER ONLY
 FROM _____ TO _____

CHURCH ATTENDANCE = REGULAR
 FREQUENT
 OCCASIONAL