

ST. MARY MAGDALEN PARISH



Registration Form (All Information Kept Confidential)

Family Mailing Title: (Mr. & Mrs. Robert Smith) _____

Family Address (number & street) _____

(city, state & zip) _____

Head of Household:

Member Title (Mr. Mrs. Miss, Ms): _____ First Name _____ Last Name _____

Nick Name: _____ Maiden Name: _____ Occupation _____

Date of Birth _____ Religion: _____ Baptized _____ 1st Communion _____ Confirmed _____

Email: _____ Home Phone: _____ Cell Phone _____

Date & Place of Marriage: _____

Were you married according to the rite of the Catholic Church? _____

Spouse /Significant other:

Member Title (Mr. Mrs. Miss, Ms): _____ First Name _____ Last Name _____

Nick Name: _____ Maiden Name: _____ Occupation _____

Date of Birth _____ Religion: _____ Baptized _____ 1st Communion _____ Confirmed _____

Email: _____ Home Phone: _____ Cell Phone _____

Does your child/ren attend our parish school? Yes _____ or No _____

Children living at home:

Name M/F Date of Birth Grade & School Baptized First Communion Confirmed

Signed _____ Date _____