## St. Mary of the Springs Catholic Church - Parish Registration

PLEASE PRINT						Date				
Head of Household:						Dute				
Last Name			-	First Name						
Mailing Address										
	Street/ PO Box			City		S	tate		ZIP	
Street Address										
Only if different than above	Street/ PO Box		City			State			ZIP	
His Cell #	Her Co	ell #	Home #							
His Email		н	ler Email							
Please provide the following info	rmation for all persons	in the household	I:							
								check ents th		
			-					r has r		•
Last Name	First Name	Relationship	Birthdate (xx/xx/xxxx)	Occupation	Catholic (Y/N)	Baptism	Reconciliation	Holy Communion	Confirmation	Matrimony

## St. Mary of the Springs Catholic Church - Parish Registration (continued)

PLEASE PRINT

Previous Parish		
Name	City	State
St. Mary of the Springs provides weekly envelopes for giving, and also of	ffers electronic giving through autom	atic withdrawal or credit card
Please indicate your preference: I wish to receive weekly envelopes by	mail	
Please contact me to set up electronic	giving	
Are there any homebound persons in the household? Yes No No Circle One	ame(s)	
Other special needs of family members		
In case of emergency, please contact:		
St. Mary of the Springs annually publishes a Church Directory in which p This Directory is published for the sole use of parishioners.	arishioners' names, addresses, and p	hone numbers appear.
Which phone number do you prefer to be published: Home	His Cell Her Cell	