

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

PLEASE PRINT

Date \_\_\_\_\_

Head of Household:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street/ PO Box

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP

Street Address \_\_\_\_\_

Only if different than above

Street/ PO Box

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP

His Cell # \_\_\_\_\_

Her Cell # \_\_\_\_\_

Home # \_\_\_\_\_

His Email \_\_\_\_\_

Her Email \_\_\_\_\_

Please provide the following information for all persons in the household:

						Please check box for Sacraments the family member has received				
Last Name	First Name	Relationship	Birthdate (xx/xx/xxxx)	Occupation or if student current grade	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 offers electronic giving through automatic 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? Name(s) \_\_\_\_\_

Other special needs of family members \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone # \_\_\_\_\_

St. Mary of the Springs annually publishes a Church Directory in which parishioners' names, addresses, and phone numbers appear.

This Directory is published for the sole use of parishioners.

Which phone number do you prefer to be published: Home His Cell Her Cell

## FOR OFFICE USE ONLY

Registration information received: In Person By Mail In Collection Basket Online

Welcome Bag: Given to parishioner Needs to be delivered

Welcome Letter Mailed

Information provided to: Hands of Mary Knights of Columbus