

For Office Use Only: Date Entered: _____ Env # _____ PCCW _____

**St. Mary of the Assumption Parish Registration Form
(Please print)**

Family Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Adult Family Members:

#1 First Name: _____ Date of Birth: _____

Gender: _____ Male _____ Female (Maiden name if different from current last name: _____)

Check if Sacrament has been received – enter church, city, state, and date:

_____ Baptism@ _____ Date _____

_____ First Communion@ _____ Date _____

_____ Confirmed@ _____ Date _____

If the above named is not Catholic please indicate religion: _____

#2 First Name: _____ Date of Birth: _____

Gender: _____ Male _____ Female (Maiden name if different from current: _____)

Check if Sacrament has been received – enter church, city, state, and date:

_____ Baptism@ _____ Date _____

_____ First Communion@ _____ Date _____

_____ Confirmed@ _____ Date _____

If the above named is not Catholic please indicate religion: _____

If adult members are married:

Anniversary Date: _____ Sacramental Marriage: _____ YES _____ NO

(OVER)

Minor Children (cont.) (Children over the age of 18 must be registered on their own)

First Name: _____ Last Name (if different) _____

Date of Birth: _____ City/State of birth: _____

Gender: _____ Male _____ Female School attending: _____ Grade: _____

Check if Sacrament has been received – enter church, city, state, and date:

_____ Baptism@ _____ Date _____

_____ First Communion@ _____ Date _____

_____ Confirmed@ _____ Date _____

If the above named is not Catholic please indicate religion: _____

First Name: _____ Last Name (if different) _____

Date of Birth: _____ City/State of birth: _____

Gender: _____ Male _____ Female School attending: _____ Grade: _____

Check if Sacrament has been received – enter church, city, state, and date:

_____ Baptism@ _____ Date _____

_____ First Communion@ _____ Date _____

_____ Confirmed@ _____ Date _____

If the above named is not Catholic please indicate religion: _____

First Name: _____ Last Name (if different) _____

Date of Birth: _____ City/State of birth: _____

Gender: _____ Male _____ Female School attending: _____ Grade: _____

Check if Sacrament has been received – enter church, city, state, and date:

_____ Baptism@ _____ Date _____

_____ First Communion@ _____ Date _____

_____ Confirmed@ _____ Date _____

If the above named is not Catholic please indicate religion: _____