

St. Mary Parish – Parish Registration Form

313 Court St.

Plymouth, Massachusetts 02360

508-746-0426

Date: _____

May we send you Offertory Envelopes Yes No

Last Name: _____

Home Phone: (____) _____

Other Phone: (____) _____

Family Email: _____@_____

First Name(s) _____

Permission to publish the following in Parish?

Please mark Yes or No

Phone? ____ Address? ____ E-Mail? ____

Home Street Address: _____

Town _____ State _____ Zip _____

Address Mail to _____ Mailing Address _____

INDIVIDUAL ADULT MEMBER INFORMATION

Marital Status _____ Wedding Date: __/__/__ Wedding Church _____
City/State _____

Adult Member

Adult Member

Name:		
DOB:		

Sacramental Info:	Baptized? Y <input type="checkbox"/> N <input type="checkbox"/> Catholic? Y <input type="checkbox"/> N <input type="checkbox"/> Other Denomination? _____	Baptized? Y <input type="checkbox"/> N <input type="checkbox"/> Catholic? Y <input type="checkbox"/> N <input type="checkbox"/> Other Denomination? _____
	Reconcil? First Eucharist? Confirmed?	Reconcil? First Eucharist? Confirmed?
	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>

Occupation		
Work Phone		
E-mail		

Children's Information

Child's Name	Child's Name	Child's Name
DOB / / Sex	DOB / / Sex	DOB / / Sex
School Grade:	School Grade:	School Grade:
Check if Sacrament Rec'd Add date if known Baptism <input type="checkbox"/> __/__/__ Catholic? <input type="checkbox"/> Reconciliation <input type="checkbox"/> __/__/__ Eucharist <input type="checkbox"/> __/__/__ Confirmation <input type="checkbox"/> __/__/__	Check if Sacrament Rec'd Add date if known Baptism <input type="checkbox"/> __/__/__ Catholic? <input type="checkbox"/> Reconciliation <input type="checkbox"/> __/__/__ Eucharist <input type="checkbox"/> __/__/__ Confirmation <input type="checkbox"/> __/__/__	Check if Sacrament Rec'd Add date if known Baptism <input type="checkbox"/> __/__/__ Catholic? <input type="checkbox"/> Reconciliation <input type="checkbox"/> __/__/__ Eucharist <input type="checkbox"/> __/__/__ Confirmation <input type="checkbox"/> __/__/__

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ADDITIONAL HOUSEHOLD MEMBER INFORMATION

Use this Space if necessary for additional children or other members of the household

Name	Name	Name
DOB / / Sex	DOB / / Sex	DOB / / Sex
School Grade:	School Grade:	School Grade:
Check if Sacrament Rec'd Add date if known	Check if Sacrament Rec'd Add date if known	Check if Sacrament Rec'd Add date if known
Baptism <input type="checkbox"/> __/__/__ Catholic? <input type="checkbox"/>	Baptism <input type="checkbox"/> __/__/__ Catholic? <input type="checkbox"/>	Baptism <input type="checkbox"/> __/__/__ Catholic? <input type="checkbox"/>
Reconciliation <input type="checkbox"/> __/__/__	Reconciliation <input type="checkbox"/> __/__/__	Reconciliation <input type="checkbox"/> __/__/__
Eucharist <input type="checkbox"/> __/__/__	Eucharist <input type="checkbox"/> __/__/__	Eucharist <input type="checkbox"/> __/__/__
Confirmation <input type="checkbox"/> __/__/__	Confirmation <input type="checkbox"/> __/__/__	Confirmation <input type="checkbox"/> __/__/__

Skills and Talents of yourself and your family members that you or they might be willing to share:

Name	Skills and/or Talents

Please list any ministries of St. Mary's you or family members are currently involved with or any you are interested in becoming involved with

Name	Currently involved in	Would like to be involved in

Please check our website for the list of ministries and their description

Please tell us any other ministries you would like to see at St. Mary's.

Please offer any suggestions or concerns. _____

Would you like a member of the parish staff to contact you about anything Y N