WELCOME TO ST. MARY!

HEAD OF HOUSEHOLD: Male	Female		N (D -	an tana Bartah
Name:			Name of Pr -	evious Parish
First Maiden Name:		Last		
			City	State
Home Address:			_	
City:	State:Zip	Code:	_	
Primary Email:				
Phone number: ()	_			
Date of Birth:/// City/State of Birth:/				
At the present time please check the Married Single Separated	''	Widow 🗌		
If Married: Were you married by a E Anniversary Date:///Church and location of Wedding:	<u> </u>		_	
Occupation:	Employer:			
Religion: Catholic Protestant Check mark all the Sacraments that he Baptism Communion	ave been celebrated	:		
Church of Baptism	Place	Year		
SPOUSE: Male Female				
Name: First Maiden Name:	Middle		•	
Date of Birth://				
Phone number: ()				
Email:				
Occupation:				
Religion: Catholic Protestant Check mark all the Sacraments that h				
BaptismCommunion	Confirmation			
Church of Baptism	Place	Year		

CHILD 1 Full Name:	CHILD 1 Full Name:	CHILD 1 Full Name:
First Middle Last Gender:MaleFemale Grade: School Date of Birth:// City/State of Birth: Check mark all Sacraments that have been celebrated:	First Middle Last Gender:MaleFemale Grade: School Date of Birth:// City/State of Birth: Check mark all Sacraments that have been celebrated:	First Middle Last Gender:MaleFemale Grade: School Date of Birth:// City/State of Birth: Check mark all Sacraments that have been celebrated:
☐ Baptism if Yes: Church: Place: Date:	☐ Baptism if Yes: Church: Place: Date:	☐ Baptism if Yes: Church: Place: Date:
Communion Church: Place: Date:	Communion Church: Place: Date:	Communion Church: Place: Date:
Confirmation Church: Place: Date:	Confirmation Church: Place: Date:	Confirmation Church: Place: Date:
CHILD 1 Full Name:	CHILD 1 Full Name:	CHILD 1 Full Name:
First Middle Last Gender:MaleFemale Grade: School Date of Birth:// City/State of Birth: Check mark all Sacraments that have been celebrated:	First Middle Last Gender:MaleFemale Grade:School Date of Birth:// City/State of Birth: Check mark all Sacraments that have been celebrated:	First Middle Last Gender:MaleFemale Grade:School Date of Birth:// City/State of Birth: Check mark all Sacraments that have been celebrated:
☐ Baptism if Yes: Church: Place: Date:	☐ Baptism if Yes: Church: Place: Date:	☐ Baptism if Yes: Church: Place: Date:
Communion Church: Place: Date:	Communion Church: Place: Date:	Communion Church: Place: Date:
Confirmation Church: Place: Date:	Confirmation Church: Place: Date:	Confirmation Church: Place: Date: