



# Welcome to St. Mary Magdalene Roman Catholic Church

Household Name (last) \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Home or Cell

Most frequently checked email \_\_\_\_\_

Previous Parish \_\_\_\_\_

## Head of Household Information

\_\_\_\_\_  
First Name M.I. Last Preferred Name

\_\_\_\_\_  
Street Address City State Zip

Marital Status: Married/Single/Divorced/Widowed Marriage Date: \_\_\_/\_\_\_/\_\_\_ Married in the Catholic Church Y or N

Email \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Occupation \_\_\_\_\_ Ethnicity \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_

Religion: Roman Catholic or \_\_\_\_\_ Sacraments received: Baptism / First Communion / Confirmation

Circle your choice: **Faith Direct (e-giving)** or **Tithe Envelopes**

If a **Winter Visitor** please note which months you are here \_\_\_\_\_

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## Spouse/Other Information

Does your spouse also wish to register? Y or N

\_\_\_\_\_  
First Name M.I. Last Preferred Name

Email \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Occupation \_\_\_\_\_ Ethnicity \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_

Religion: Roman Catholic or \_\_\_\_\_ Sacraments received: Baptism / First Communion / Confirmation

*Additional Family members*

*UNDER 18 YEARS OLD*

*please complete the reverse side*

Office Use Only:

Reg. Date \_\_\_/\_\_\_/\_\_\_ In. \_\_\_\_\_

DB entry \_\_\_/\_\_\_/\_\_\_ In. \_\_\_\_\_

