

# Welcome to St. Mary Catholic Church

## Parish Registration Form

[www.stmarytempletx.org](http://www.stmarytempletx.org)

Parish Office, 1018 S. 7<sup>th</sup> Street, Temple, TX 76504

Phone: 254.773.4541 Fax: 254.774.7044 [becky.theisen@stmarytempletx.org](mailto:becky.theisen@stmarytempletx.org)

**Registration Options:** New  Update  Remove (Relocating)   
**Special Needs:** Home Bound  Nursing Home  Name of Nursing Home \_\_\_\_\_  
 Request Eucharist Yes  No

<p style="text-align: right;"><i>Today's Date</i> _____</p> <p><b>Family Last Name:</b> _____</p> <p>Street Address: _____</p> <p>City/State: _____ Zip Code: _____</p> <p>Home Phone: (____) _____ Unlisted Y____ N____</p> <p>Cell Phone: (____) _____ (____) _____</p> <p>+ I/We would like to receive offertory envelopes. Y <input type="checkbox"/> N <input type="checkbox"/> <b>OR</b></p> <p>+ Online giving <input type="checkbox"/></p> <p>+ What is your preferred method of contact phone _____ email _____</p> <p>+ I/We realize St Mary's publishes a yearly <i>Parish Directory</i>; I/we give permission for our family information (address, phone number, etc.) to be published in the directory. Y <input type="checkbox"/> N <input type="checkbox"/> (If No, name only will be published.)</p>	<p style="text-align: center;"><b><u>Marital Status</u></b></p> <p><input type="checkbox"/> Married by Catholic Priest or Deacon</p> <p><input type="checkbox"/> Married in Other Church</p> <p><input type="checkbox"/> Civil Marriage</p> <p><input type="checkbox"/> Common Law</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced <input type="checkbox"/> Annulled</p> <p><input type="checkbox"/> Widow</p> <p><input type="checkbox"/> Engaged</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Unknown</p>
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<p style="text-align: center;"><b><u>Head of Household</u></b></p> <p><b>E-mail address:</b> _____</p> <p>Title: Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Suffix: Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/></p> <p>Last _____</p> <p>First _____ Middle _____</p> <p>Informal or Nickname _____</p> <p>Religion _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Work Phone _____</p> <p>Date of Birth _____</p> <p>Ethnic Type _____</p> <p>Language: Primary _____ 2<sup>nd</sup> _____</p> <p style="text-align: center;"><b><u>Sacraments Received</u></b></p> <p style="text-align: center;">(Write Yes or No, Date, Parish, City and State)</p> <p>Catholic Baptism _____</p> <p>1<sup>st</sup> Reconciliation _____</p> <p>1<sup>st</sup> Communion _____</p> <p>Confirmation _____</p> <p>Catholic Marriage _____</p> <p><b>If "no" would you like to receive information to complete Sacraments. Y <input type="checkbox"/> N <input type="checkbox"/> Interested in RCIA Y <input type="checkbox"/> N <input type="checkbox"/></b></p>	<p style="text-align: center;"><b><u>Spouse</u></b></p> <p><b>E-mail address:</b> _____</p> <p>Title: Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/></p> <p>Last _____ Maiden _____</p> <p>First _____ Middle _____</p> <p>Informal or Nickname _____</p> <p>Religion _____</p> <p>Occupation _____</p> <p>Employer _____</p> <p>Work Phone _____</p> <p>Date of Birth _____</p> <p>Ethnic Type _____</p> <p>Language Primary: _____ 2<sup>nd</sup> _____</p> <p style="text-align: center;"><b><u>Sacraments Received</u></b></p> <p style="text-align: center;">(Write Yes or No, Date, Parish, City and State)</p> <p>Catholic Baptism _____</p> <p>1<sup>st</sup> Reconciliation _____</p> <p>1<sup>st</sup> Communion _____</p> <p>Confirmation _____</p> <p>Catholic Marriage _____</p> <p><b>If "no" would you like to receive information to complete Sacraments. Y <input type="checkbox"/> N <input type="checkbox"/> Interested in RCIA Y <input type="checkbox"/> N <input type="checkbox"/></b></p>
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**Minor Children (under the age of 18)**

Do you need registration forms for Children/Youth Religious Education Program? yes \_\_\_ # \_\_\_

Last: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Informal or nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Ethnic Type \_\_\_\_\_  
**Sacraments Received:**  
(Yes Or No, Date, Parish, City & State)  
  
Baptism: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Reconciliation: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Communion: \_\_\_\_\_  
\_\_\_\_\_  
Confirmation: \_\_\_\_\_

Last: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Informal or nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Ethnic Type \_\_\_\_\_  
**Sacraments Received:**  
(Yes Or No, Date, Parish, City & State)  
  
Baptism: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Reconciliation: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Communion: \_\_\_\_\_  
\_\_\_\_\_  
Confirmation: \_\_\_\_\_

Last: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Informal or nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Ethnic Type \_\_\_\_\_  
**Sacraments Received:**  
(Yes Or No, Date, Parish, City & State)  
  
Baptism: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Reconciliation: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Communion: \_\_\_\_\_  
\_\_\_\_\_  
Confirmation: \_\_\_\_\_

Last: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Informal or nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Ethnic Type \_\_\_\_\_  
**Sacraments Received:**  
(Yes Or No, Date, Parish, City & State)  
  
Baptism: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Reconciliation: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Communion: \_\_\_\_\_  
\_\_\_\_\_  
Confirmation: \_\_\_\_\_

Last: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Informal or nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Ethnic Type \_\_\_\_\_  
**Sacraments Received:**  
(Yes Or No, Date, Parish, City & State)  
  
Baptism: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Reconciliation: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Communion: \_\_\_\_\_  
\_\_\_\_\_  
Confirmation: \_\_\_\_\_

Last: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Informal or nickname: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Ethnic Type \_\_\_\_\_  
**Sacraments Received:**  
(Yes Or No, Date, Parish, City & State)  
  
Baptism: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Reconciliation: \_\_\_\_\_  
\_\_\_\_\_  
1<sup>st</sup> Communion: \_\_\_\_\_  
\_\_\_\_\_  
Confirmation: \_\_\_\_\_

**Adults (18 and over) who live with you**

Last Name: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
  
Relationship to you: \_\_\_\_\_  
Is this person homebound or invalid? If so,  
would they like to receive communion at  
home? \_\_\_\_\_

Last Name: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
  
Relationship to you: \_\_\_\_\_  
Is this person homebound or invalid? If so,  
would they like to receive communion at  
home? \_\_\_\_\_

Last Name: \_\_\_\_\_  
First: \_\_\_\_\_  
Middle: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ --  
  
Relationship to you: \_\_\_\_\_  
Is this person homebound or invalid? If  
so, would they like to receive at  
communion at home? \_\_\_\_\_