

Welcome to St. Mary Catholic Church

Parish Registration Form

www.stmarytempletx.org

Parish Office, 1018 S. 7th Street, Temple, TX 76504

Phone: 254.773.4541 Fax: 254.774.7044 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: center;">Today's Date _____</p> <p>Family Last Name: _____</p> <p>Street Address: _____ City/Zip _____</p> <p>Mailing 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"/></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;"><u>Marital Status</u></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;"><u>Head of Household</u></p> <p>E-mail address: _____</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 _____ 2nd _____</p> <p style="text-align: center;"><u>Sacraments Received</u></p> <p style="text-align: center;">(Write Yes or No, Date, Parish, City and State)</p> <p>Catholic Baptism _____</p> <p>1st Reconciliation _____</p> <p>1st Communion _____</p> <p>Confirmation _____</p> <p>Catholic Marriage _____</p> <p>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"/></p>	<p style="text-align: center;"><u>Spouse</u></p> <p>E-mail address: _____</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: _____ 2nd _____</p> <p style="text-align: center;"><u>Sacraments Received</u></p> <p style="text-align: center;">(Write Yes or No, Date, Parish, City and State)</p> <p>Catholic Baptism _____</p> <p>1st Reconciliation _____</p> <p>1st Communion _____</p> <p>Confirmation _____</p> <p>Catholic Marriage _____</p> <p>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"/></p>
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List minor children and other adult household members on back (OVER)

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: _____

 1st Reconciliation: _____

 1st 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: _____

 1st Reconciliation: _____

 1st Communion: _____

 Confirmation: _____

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 (Yes Or No, Date, Parish, City & State)

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 Middle: _____
 Informal or nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: Male _____ Female _____
 Ethnic Type _____
Sacraments Received:
 (Yes Or No, Date, Parish, City & State)

 Baptism: _____

 1st Reconciliation: _____

 1st 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? _____