PARISH REGISTRATION FORM

Saint Mary of the Immaculate Conception Parish 103 Pine Street Pawtucket, Rhode Island

Giving Glory to God and Honor to Mary since 1829

Please Print (Clearly							This	s inform	ation	is Confidential	
Family Information: (Please check one)		NEW Registration:		Change of Address:			U	Update:				
Family Last Name:												
Current address:												
City: State:			ZIP Code:									
Home phone:			E-mail:					Cell pho	Cell phone:			
HEAD OF HOUSEHOLD INFORMATION: (PLEASE CIRCLE ONE) M F												
First Name:				Maiden Name: (If Applicable)					Date of Birth:			
Religion:			Occupation:				Work Phone:					
(Please check one) Single			Married W				Widov	v/Widower Divorced				
Please check	the Sacrame	have i	ve received. If you know the date					se provi	de the	e information:		
Baptism Date	·				st Confirmation Marriage Date Place/Church							
SPOUSE INFORMATION: (IF APPLICABLE)												
First Name:			Maiden Name:					Last Name:				
Religion: Date of Birth:												
Occupation:				Work Phone:								
Please check the Sacraments you have received. If you know the date, please provide the information											e information:	
Baptism Date	Penance Date	Euchar Date	ist	t Confirmation Date			Marriage Date					
If you are married, were you marr in the Catholic Church?				Yes	Church of Marriage:							
FAMILY MEMBERS INFORMATION: (Complete only if children are still living at home)												
Please check the Sacraments they have received. If you know the date, please provide the information:												
Name of Fam First/Last	Date of Birth:	f	Son/Da	Son/Daughter:		otism Penance		e Euch	narist	Confirmation		

Welcome to Saint Mary's Parish

Budget#_____