



# St. Martha's

## Roman Catholic Parish

### REGISTRATION FORM

### WELCOME TO OUR PARISH FAMILY!

*Our parish community is happy to have you worship with us. To be of service to you, we, the St. Martha's parish team, would like to know who you are. Please take a moment to fill out our Registration Form and place it in the collection basket or bring it to the Parish Office.*

Date: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is it unlisted?  Yes  No

#### Family Members

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  M  F

Date of Birth (M/D/YY): \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  M  F

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Children's Names

#### Birthdate (M/D/YY)

\_\_\_\_\_  Male  Female \_\_\_\_\_

\_\_\_\_\_  Male  Female \_\_\_\_\_

\_\_\_\_\_  Male  Female \_\_\_\_\_

\_\_\_\_\_  Male  Female \_\_\_\_\_

Would you like collection envelopes?  Yes  No

Would you like someone to contact you in regard to automatic withdrawal?  Yes  No

Would you like someone to contact you about volunteering at our parish?  Yes  No