

MARY, GATE OF HEAVEN PARISH REGISTRATION

St. Mary & St. Robert Bellarmine Churches

DATE _____

FAMILY NAME _____ TELEPHONE _____ UNLISTED CELLPHONE _____
 STREET ADDRESS _____ MAILING ADDRESS (IF DIFFERENT) _____
 CITY, STATE, ZIP _____ EMAIL ADDRESS _____
 MARITAL STATUS: MARRIED SINGLE WIDOW / WIDOWER SEPARATED DIVORCED
 IF MARRIED: DATE _____ WHERE _____ MARRIED BY: PRIEST/DEACON MINISTER OTHER _____
 MARITAL INFORMATION: MAIDEN NAME OF SPOUSE _____

NAMES OF ALL HOUSEHOLD MEMBERS - INCLUDE LAST NAME IF DIFFERENT:	DATE OF BIRTH	RELIGION	SEX M/F	BAPTISM YES / NO	FIRST COMM. YES / NO	CONFIRMED YES / NO	ATTEND MASS See below	OCCUPATION OR SCHOOL NAME AND GRADE	PARISH SOCIETIES, ACTIVITIES, MINISTRIES IN WHICH YOU PARTICIPATE
CHILDREN:									
OTHERS / RELATIONSHIP:									

FOR MASS ATTENDANCE PLEASE INDICATE (A) ALWAYS, (F) FREQUENT, (O) OCCASIONAL, (S) Seldom, (N) NEVER
 DO YOU USE ENVELOPES? YES NO WOULD YOU LIKE TO RECEIVE ENVELOPES? YES NO INTERESTED IN ONLINE GIVING? YES NO
 IS THERE ANYONE AT HOME WITH SPECIAL NEEDS (MENTAL OR PHYSICAL DISABILITY, SHUT-IN, ETC.) INDICATE NAME & NEED