

# **MARY, GATE OF HEAVEN PARISH REGISTRATION**

## **St. Mary & St. Robert Bellarmine Churches**

**Return To: 42 Spring Street, Windsor Locks, CT 06096**

Date:

**Telephone: (860) 623-2524 – Fax: (860) 623-5684 Email: OFFICE@marygateofheaven.org**

Title  Ms.  Miss  Mrs.  Mr.  Mr. & Mrs.

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Marital Status  S  M  W  D  Other If Married Date \_\_\_\_\_ Where \_\_\_\_\_ Married by  Priest/Deacon  Minister  Other \_\_\_\_\_

Maiden Name of Spouse \_\_\_\_\_ Prior Parish/City/ST \_\_\_\_\_

For Mass Attendance Please Indicate (A)lways, (F)requent, (O)ccasional, (S)eldom, (N)ever

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: