

# MARY, GATE OF HEAVEN PARISH REGISTRATION

St. Mary & St. Robert Bellarmine Churches

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

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

Telephone: (860) 623-2524 – Fax: (860) 623-5684 Email: [OFFICE@marygateofheaven.org](mailto: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 \_\_\_\_\_

NAMES OF ALL HOUSEHOLD MEMBERS – INCLUDE LAST NAME IF DIFFERENT	RELIGION	RELATIONSHIP (H) Head of Household (S) Spouse (C) Child	DATE OF BIRTH (MM/DD/CCYY)	SEX	BAPTISM	FIRST COMMUNION	CONFIRMED	ATTEND MASS (SEE BELOW)	OCCUPATION OR SCHOOL NAME AND GRADE
				M/F	Y/N	Y/N	Y/N		

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: