## St. Mary of the Springs Catholic Church - Parish Registration

PLEASE PRINT						Date				
Head of Household:										
Last Name			-	First Name						
Mailing Address										
Mailing AddressStreet/ PO Box				State			ZIP			
Street Address										
Only if different than above	nt than above Street/ PO Box			City			State		ZIP	
His Cell #	Her C	Home #								
His Email		H	ler Email							. <u> </u>
Please provide the following in	formation for all persons	in the household	l:							
	·					Р	lease	check	box fo	r
						Sa	crame	ents th	e fam	ily
			1			m		r has r		ed
Last Name	First Name	Relationship	Birthdate (xx/xx/xxxx)	Occupation	Catholic (Y/N)	Baptism	Reconciliation	Holy Communion	Confirmation	Matrimony
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## St. Mary of the Springs Catholic Church - Parish Registration (continued)

## PLEASE PRINT

Previous Parish				
Name			City	State
St. Mary of the Springs provides weekly envelopes	for giving, and a	so offers electr	onic giving through autom	natic withdrawal or credit card
Please indicate your preference: I wish to receive	weekly envelope	es by mail		
Please contact m	e to set up elect	ronic giving		
Are there any homebound persons in the househol	d? Yes No Circle One	Name(s)		
Other special needs of family members				
In case of emergency, please contact:			Phone #	
St. Mary of the Springs annually publishes a Church	Directory in wh	ich parishioner	s' names, addresses, and p	hone numbers appear.
This Directory is published for the sole use of parisl	nioners.			
Which phone number do you prefer to be publishe	d: Home	His Cell	Her Cell	