

SAINT MARY'S CATHOLIC CHURCH REGISTRATION FORM
Immaculate Conception BVM
(CONFIDENTIAL – FOR CHURCH USE ONLY)

Please return completed form to Parish Office, 256 Tract Road, Fairfield, Pa. 17320, or place in Mass Collection basket

Previous Parish where you were registered _____ City _____ State _____ Zip _____

Mailing (Ms Mr Mr & Mrs other)-----		Telephone No		Envelope No			
Family Name							
Address _____		Registered _____		Wish to receive Catholic Witness			
City _____		State _____		Zip _____			
				YES NO			
Email _____		Do you wish Father Peter to make a Pastoral Visit					
				YES NO			
Single/Male/Husband	DOB	Religion	Marital Status	Name of Church, Place/Date of Marriage			
Single Female/Wife(First & Maiden Name)	DOB	Religion	Marital Status	Name of Church, Place/Date of Marriage			
If married civilly or living in common, are you willing to discuss with Father Peter about Sacramentalizing your marriage or initiating annulment procedures for prior marriages							
Children: First Name & Last Name	DOB	Sex	Baptism	Penance	Eucharist	Confirmation	Name of School / Occupation
Other in Household-Relationship							