



Saint Margaret Mary Catholic Church Parishioner Registration Form

FOR OFFICE USE ONLY

Family ID/ENV#: _____

Registered Date: _____

Family Last Name(s): _____ Today's DATE ____/____/____

Address: _____ APT/LOT: _____ City: _____ Zip Code: _____

Cell Phone 1: _____ / Cell Phone 2 : _____

E-Mail 1: _____ / E-Mail 2: _____

How long in St. Margaret Mary Parish?
_____ Yrs.

MARITAL STATUS		CATHOLIC SACRAMENTAL MARRIAGE (Married by a Priest)	
<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> COHABITATING	<input type="checkbox"/> SEPARATED	Date of Marriage	
<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	____/____/____	

Welcome to our parish, St. Margaret Mary.
We are Happy you are registering.
Office: (210) 532-6309 Fax: (210) 532-6333
Mon. – Fri. 8am – 5:45 pm
www.stmmcc.org

If you are missing a sacrament come talk to the Religious Director, whether you're a adult or have children missing sacraments. We can help!

HEAD OF HOUSEHOLD FIRST—MIDDLE—LAST	DATE OF BIRTH	SEX	RELIGION (CATHOLIC, BAPTIST, ETC)	BAPT.	COMM.	CONF.	PROFESSION OR OCCUPATION	
1.		M OR F		Y or N	Y or N	Y or N		
SPOUSE OR OTHER	DATE OF BIRTH							
2.		M OR F		Y or N	Y or N	Y or N		
CHILDREN FIRST—MIDDLE—LAST	DATE OF BIRTH	SEX					SCHOOL	GRADE
1.		M OR F		Y or N	Y or N	Y or N		
2.		M OR F		Y or N	Y or N	Y or N		
3.		M OR F		Y or N	Y or N	Y or N		
4.		M OR F		Y or N	Y or N	Y or N		
OTHERS LIVING WITH YOU								
		M OR F		Y or N	Y or N	Y or N		
		M OR F		Y or N	Y or N	Y or N		