

**PARISH REGISTRATION FORM
PLEASE PRINT**

Household name (last name): _____ First name: _____

(Maiden Name of spouse) _____ Date of registration: _____

Street address: _____ Town: _____ State: _____ Zip: _____

How do you want us to address correspondence? Please circle one: Mr. & Mrs., Mr., Mrs. Ms.

Phone No.: _____ Unlisted? _____ Weekly offering envelopes: Yes _____ No _____

Cell Phone: _____

E-mail: _____ ST. MARTHA SCHOOL FAMILY: YES ___ NO ___

GRADE(S): _____ DATE ENROLLED IN SCHOOL: _____

Parent's Sacramental information (Confidential):

Husband:

Date of Baptism: _____ Place of Baptism: _____

1st Communion: _____ Confirmation: _____

Wife:

Date of Baptism: _____ Place of Baptism: _____

1st Communion: _____ Confirmation: _____

(Please attach child(ren) Sacramental information).

(Please Circle the Mass you attend most)

5:00 p.m. Vigil - Sunday: 8:00 a.m. 10:00 a.m. TLM 12N 7:00 p.m.

Members of your household (Those who live with you who consider themselves members of the parish. Include yourself):

Name (Include yourself)	Relationship to you (spouse, son, daughter, mother, etc.)	Religion	Date of Birth
_____	<u>HEAD OF HOUSE HOLD</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Saint Martha Parish, 214 Brainard Road, Enfield, CT 06082

Tel: (860)745-5616

Fax: (860)741-6731

E-mail: rectory@stmartha.necoxmail.com

If you have any questions about filling out this form, please call the rectory office, Thank you!