

ST. MARTIN DE PORRES PARISH REGISTRATION

Please Print:

Envelope #: _____

Family Name: _____ First Name(s): _____ Registration Date: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone Number (include area code) _____ Is this number unlisted? ____ Yes ____ No

Email Address: _____

	Adult	Adult	Child	Child	Child	Child
First Name						
Last Name (If different) and Maiden Name						
Date of Birth						
Cell Phone Number						
Religion						
Occupation						
Work Number						
Baptism (Circle one)	Y N	Y N	Y N	Y N	Y N	Y N
Parish of Baptism						
1st Eucharist (circle)	Y N	Y N	Y N	Y N	Y N	Y N
Confirmation (circle)	Y N	Y N	Y N	Y N	Y N	Y N
Marital Status	____ Single	____ Married	____ Divorced	____ Separated	____ Widowed	
Parish of Marriage			Date of Marriage			
Married by:	____ Priest	____ Judge	____ Other			
Special Needs						

Is anyone homebound and would like to receive HOME communion? ____ Yes ____ No

4/4/2016

Please print, complete and return to St. Martin de Porres Parish Center.

For office use

____ Computer	____ Welcome
____ Sunday Visitor	____ Bulletin
____ Parishioner Card	____ Parishioner Book