## St. Mary's Parish School of Religion (SOR) Registration Please Print

Mailing Name (Exam)	ple: Mr. an	d Mrs. Joh	n Smith)				
Child's Address —				Teleph	none	Unlisted?	
				Email:			
Father (full name of biological father	First	Full M	liddle Name	Last		Catholic?	
Mother (full name	Tilst	run w	nddic ivanic	Last			
Mother (full name of biological mother	er <u>)</u> First	Full M	liddle Name	Maiden Name	Last	Catholic?	
Marital Status of Paren	nts: Marr	ied	Separated	Divo	rced	Widowed	
Second Mailing Name	and Addre	ss for Pare	nt not living a	nt the Child's Ad	dress (If Applic	able)	
				Teleph	Telephone		
Child's Full Legal Name (Full, Middle, Last) Grade			Birthda City and St	ate and ate of Birth	Church of Baptism and City and State of Baptism		
Note: Your family mu not receiving contribu Religious Education C 419-238-3979.	tion envelo <sub>l</sub>	pes, you m	ay not be regi	stered. Registra	tion forms are a	vailable through the	
If your child was not be copy of the record to S	-		•		-	ask them to send a	
Registration Fee Due		Paid by o	check# ——	— Amount	Paid	Cash ———	