



St. Martin de Porres Church Parish Registration Form

LAST NAME ONLY ~ PLEASE PRINT

Envelope Number: _____

Would you like Offertory Envelopes? Yes _____ No _____

Online Giving? Yes _____ No _____

Maiden Name: _____

Phone: _____
 Home Male Work Female Work

Family Last Name _____

Street Address _____

City and Zip _____

E-Mail _____

Date Registered _____

First Name	Single Married Widow(er) Separated Divorced	Male Female	Date of Birth M/D/ Yr.	Religion	Baptized	1st Comm.	Confirmed
					Yes No	Yes No	Yes No
					Y/N	Y/N	Y/N
					Y/N	Y/N	Y/N

For office use

___ Computer

___ Welcome

___ Sunday Visitor

___ Bulletin

___ Parishioner Card

___ Parishioner Book

Parish of Marriage _____ Date of Marriage _____ Married by: _____ Priest _____ Judge _____ Other _____

Dependent Children Living At Home

First Name Last Name

					Y/N	Y/N	Y/N		
					Y/N	Y/N	Y/N		
					Y/N	Y/N	Y/N		
					Y/N	Y/N	Y/N		

Husband's Occupation _____

Place of Employment _____

Wife's Occupation _____

Place of Employment _____

If Retired, Former Occupation _____

Special Needs _____

Is anyone homebound and would like to receive Home communion once a month? _____ Yes _____ No