SAINT MARGARET PARISH REGISTRATION

(CONFIDENTIAL – For Church Use Only)

Were you previously registered here? ☐ Yes ☐ No Year you moved to this Parish: _____

Mailing: ☐Ms ☐Miss ☐Mrs ☐Mr ☐Mr&Mrs ☐Other _____ Family Name: _____	Phone: Home _____ Cell _____	Envelope Number:
Address: _____ City: _____ State: _____ Zip: _____	Date of Registration: _____	Wish to Receive *Catholic Review*? ☐Yes ☐No
Name of County Housing Development: _____	E-mail address: _____	Do you wish a Pastoral Visit? ☐Yes ☐No

Single Male/Husband _____	D.O.B. _____	Religion _____	Marital Stat _____	Occupation: _____ Place of Business: _____ Business Phone: _____
Single Female / Wife (first & maiden name) _____	D.O.B. _____	Religion _____	Marital Stat _____	Occupation: _____ Place of Business: _____ Business Phone: _____

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Children: First Name & Last Name (if different last name)	D.O.B.	Sex M/F	Baptism Y/N	Eucharist Y/N	Penance Y/N	Confirmation Y/N	Name of School Attending or Person's Occupation
_____	_____	____	_____	_____	_____	_____	_____
_____	_____	____	_____	_____	_____	_____	_____
_____	_____	____	_____	_____	_____	_____	_____
_____	_____	____	_____	_____	_____	_____	_____
_____	_____	____	_____	_____	_____	_____	_____
_____	_____	____	_____	_____	_____	_____	_____
Others in household/Relationship							
_____/_____	_____	____	_____	_____	_____	_____	_____
_____/_____	_____	____	_____	_____	_____	_____	_____
_____/_____	_____	____	_____	_____	_____	_____	_____

Please indicate interest in various Parish Ministries by Family Member Name:

MUSIC: _____Cantor _____Choir _____Child Choir _____Handbells _____Other (_____)	FAITH FORMATION: _____Adult Education _____Aide _____Office Help _____Teacher ☐Elementary, ☐Middle, ☐High School
YOUTH: _____Young Adult _____Youth Retreat _____Youth Group	SCHOOL: _____Sub Teach _____Teacher Aide _____Other (_____)
OUTREACH: _____Home Visitation _____Nursing Home Visit _____Legion of Mary _____Clothing Center _____Other (_____)	LITURGY: _____Eucharist Minister _____Reader _____Usher _____Altar Server _____Greeter

PARISH COMMITTEE: _____Parish Council; _____Development
_____Education: _____Finance
_____Maintenance; _____Welcome

(Please return completed form to Parish Office, 141 Hickory Avenue, Bel Air, MD 21014, or e-mail this form to ksaccenti@stmargaret.org)