



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 _____		Phone: _____		Envelope Number: _____	
Family Name: _____		Home _____			
		Cell _____			
Address: _____			Date of Registration: _____		Wish to Receive <i>Catholic Review?</i> Yes No
City: _____ State: _____ Zip: _____					
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: _____

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 ksaccanti@stmargaret.org)