



SAINT MARGARET PARISH REGISTRATION

(CONFIDENTIAL – For Church Use Only)

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

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

<p>MUSIC: _____ Cantor</p> <p>_____ Choir</p> <p>_____ Child Choir</p> <p>_____ Handbells</p> <p>_____ Other (_____)</p>	<p>FAITH FORMATION: _____ Adult Education</p> <p>_____ Aide</p> <p>_____ Office Help</p> <p>_____ Teacher <input type="checkbox"/> Elementary, <input type="checkbox"/> Middle, <input type="checkbox"/> High School</p>
<p>YOUTH: _____ Young Adult</p> <p>_____ Youth Retreat</p> <p>_____ Youth Group</p>	<p>SCHOOL: _____ Sub Teach</p> <p>_____ Teacher Aide</p> <p>_____ Other (_____)</p>
<p>OUTREACH: _____ Home Visitation</p> <p>_____ Nursing Home Visit</p> <p>_____ Legion of Mary</p> <p>_____ Clothing Center</p> <p>_____ Other (_____)</p>	<p>LITURGY: _____ Eucharist Minister</p> <p>_____ Reader</p> <p>_____ Usher</p> <p>_____ Altar Server</p> <p>_____ Greeter</p>

PARISH COMMITTEE: _____ Parish Council; _____ Education; _____ Maintenance;	_____ Development _____ Finance _____ Welcome
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(Please return completed form to Parish Office, 141 Hickory Avenue, Bel Air, MD 21014, or e-mail this form to ksaccanti@stmargaret.org)