

**SAINT MARGARET PARISH**

(CONFIDENTIAL - For Church Use Only)

(Please return completed form to Parish Office, 141 Hickory Avenue, Bel Air, MD 21014, or place in Mass collection basket.)

Were you previously registered here ?  Yes  No

Year you moved to this Parish: \_\_\_\_\_

Mailing: (Ms Miss Mrs Mr Mr&Mrs Other _____) Family Name: _____	Telephone No. _____	Envelope No. _____
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Address: _____ City _____ State ___ Zip _____	Date of Registration _____	Wish to receive <i>Catholic Review</i> ? _____ Yes _____ No
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Development: _____	E-mail: _____	Do you wish a Pastoral Visit? _____ Yes _____ No
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Single Male/Husband	D.O.B. _____	Religion _____	Marital Stat _____	Occupation - Place of Business - Business Phone _____
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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)	D.O.B.	Sex	Baptism	Eucharist	Penance	Confir- mation	Name of School or Occupation
Others in Household - Relationship							

Please indicate interests by Family Member name:

MUSIC: _____ Cantor	RELIGIOUS ED: _____ Adult Ed
_____ Choir	_____ Aide
_____ Child Choir	_____ Office Help
_____ Handbells	_____ Teacher _____ Elem.
_____ Other ( _____ )	_____ Middle _____ High

YOUTH: _____ Young Adult	SCHOOL: _____ Sub Teach
_____ Youth Retreats	_____ Teacher Aide
_____ Youth Group	_____ Other ( _____ )

OUTREACH: _____ Home Visitation	LITURGY: _____ Eucharist Minister
_____ Nursing Home Visit	_____ Reader
_____ Legion of Mary	_____ Usher
_____ Clothing Center	_____ Altar Server
_____ Other ( _____ )	_____ Greeter

PARISH COMMITTEE: _____ Parish Council	_____ Development
_____ Education	_____ Finance
_____ Maintenance	_____ Welcome