



ST. MARGARET PARISH REGISTRATION
(CONFIDENTIAL – For Church Use Only)

Where you previously registered here or at another parish in the archdiocese? Yes _____ No _____

If yes, which parish? _____

Mailing: Ms Miss Mrs Mr Mr&Mrs Other _____ Family Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Registration date: _____ Home phone: _____	Envelope Number: _____ Wish to Receive <i>Catholic Review</i> ? Yes _____ No _____ Do you wish a Pastoral visit? Yes _____ No _____
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Single Male or Husband _____ Cell: _____ Email: _____	D.O.B. _____	Religion _____	Marital Status _____	Occupation: _____ Place of Business: _____
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Single Female or Wife _____ Maiden: _____ Cell: _____ Email: _____	D.O.B. _____	Religion _____	Marital Status _____	Occupation: _____ Place of Business: _____
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Children living in household: 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 and family member name:

MUSIC _____

SCHOOL _____

OUTREACH _____

HOSPITALITY _____

PARISH COUNCIL _____

FAITH FORMATION: Elementary _____ Middle _____ Confirmation _____ Adult _____

LITURGY: Eucharistic Minister _____ Lector _____ Usher _____ Greeter _____

Altar server _____

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