



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: <small>* For Parish Use Only*</small> 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. dd/mm/yyyy Religion: Marital Status:	Occupation: _____ Place of Business: _____
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Single Female or Wife _____ Maiden: _____ Cell: _____ Email: _____	D.O.B. dd/mm/yyyy 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 volunteering with Parish Ministries: (provide name of interested family member)

MUSIC: _____

OUTREACH: _____

PARISH COUNCIL: _____

HOSPITALITY: _____

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**