

ST. MARY CATHOLIC CHURCH

office use only

1291 E. MADISON AVE ATHENS, TN 37303

Phone: (423) 745-4277 www.stmaryathenstn@att.net

stmaryathenstn@att.org

UPDATED MEMBER - PARISH REGISTRATION FORM

TODAY'S DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Title (circle one): M/M Mr. Mrs. Dr. Ms. Miss Catholic? (Yes / No)

Spouse's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SUBDIVISION/APT NAME (if applicable): \_\_\_\_\_

PHONE NUMBER(S): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home / Cell / Work
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home / Cell / Work

E-MAIL ADDRESS: \_\_\_\_\_

MARITAL STATUS: \_\_Single \_\_Married \_\_Married in the Church \_\_Divorced \_\_Widowed

DATE OF MARRIAGE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Husband

Wife

Ethnicity:
Country of Origin:
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
Language(s) spoken:
Occupation:
Place of Business:
Phone:

Ethnicity:
Country of Origin:
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
Language(s) spoken:
Occupation:
Place of Business:
Phone:

Does your family have any special needs? Please list: \_\_\_\_\_

Stewardship: Do you wish to receive church envelopes? \_\_Yes \_\_No

Children at Home

Y=Yes N=No

Table with 7 columns: Name, Sex, Birthdate, Bap., 1st Com., Penance, Confm. and 5 rows.



