

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

NEW 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

Name	Sex	Birthdate	Bap.	1 st Com.	Penance	Confm.

