

Saint Mary Parish or Mission: Our Lady Fatima Family Registration Form

(FAVOR DE LLENAR LA FORMA EN EL REVERSO)

Date _____ Family Name _____

Mailing Address _____, _____, CO _____
Post Office Box City Zip

Residence Address _____, _____, CO _____
Street City Zip

Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____

Email Address _____

Circle Which You Would Like to Receive: Offertory Envelopes: Weekly / Monthly or Online Giving

Circle Which Mass You Attend at St. Mary: 4:00 p.m. / 9:00 a.m. / 11:00 a.m. or At Our Lady Fatima 1:00 p.m.

MAN _____ Born ____/____/____

Marital Status: Married Single Widowed Separated Divorced
Catholic? yes no

Sacraments: Baptism yes no Confirmation yes no
Confession yes no Communion yes no
Married in the Catholic Church

WOMAN _____ Born ____/____/____

Marital Status: Married Single Widowed Separated Divorced
Catholic? yes no

Sacraments: Baptism yes no Confirmation yes no
Confession yes no Communion yes no
Married in the Catholic Church

Children Currently Living at Home

Name _____ Born ____/____/____ Grade in school _____
Catholic? yes no Male Female

Sacraments: Baptism yes no Confirmation yes no
Confession yes no Communion yes no

Name _____ Born ____/____/____ Grade in school _____
Catholic? yes no Male Female

Sacraments: Baptism yes no Confirmation yes no
Confession yes no Communion yes no

Name _____ Born ____/____/____ Grade in school _____
Catholic? yes no Male Female

Sacraments: Baptism yes no Confirmation yes no
Confession yes no Communion yes no

Name _____ Born ____/____/____ Grade in school _____
Catholic? yes no Male Female

Sacraments: Baptism yes no Confirmation yes no
Confession yes no Communion yes no

Name _____ Born ____/____/____ Grade in school _____
Catholic? yes no Male Female

Sacraments: Baptism yes no Confirmation yes no
Confession yes no Communion yes no

(Please add another sheet if additional space is needed)

Second Residence Address:

Address _____, _____, CO _____
Mailing Address City Zip

Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____

Dates at Second Residence, From Month: _____ Day _____ To Month: _____ Day _____

Send Mail to Second Residence During That Time: yes no

Second Residence Remarks: _____