ST. MARY, MOTHER OF GOD FAMILY REGISTRATION FORM

					Today's Date		
Last Name:		First Name(s):					
Mailing Address Title Line (Mi	r. & Mrs. or Miss or ?.):						
Street:							
City, State, Zip:							
Home Telephone:							
I prefer to give using	collection envelopes or	Electronic Fu	_ Electronic Funds Transfer (check one)?				
May we publish in a Par	ish Directory (circle for yes):	Address?	Email?	Home Telephone?	Cell Phone?		
	Individua	al Member I	nformati	ion			
	Male Adult			Female Adult			
First Name/Nickname:							
Maiden Name:							
DOB (mm/dd/yyyy):							
Email:							
Cell Phone:							
Employer:							
Work Phone:							
Special Needs:							
Sacramental Information (Date	es, if known):						
Baptism/Faith:							
Church/RCIA:							
1 st Communion:							
Confirmation:							
Marital Status:							
Wedding Date: _		Place/Ch	urch:				

Please turn over to complete section for Additional Family Members / Children Information.

City/State:

When complete, please return by dropping into the weekend collection or mailing to the Parish Office at 672 S. Third Street, Columbus, OH 43206. Please call the Parish secretary for further information at (614) 445-9668.

Priest/Deacon? (Name):

Additional Family Members / Children Information

First Name/Nickname:		
Last Name:		
DOB (mm/dd/yyyy) & gender:		
Birth Place (city/state):		
Relationship to household:		
Special Needs:		
Sacramental Information (Dates, if known):		
Baptism/Faith:		
Church/RCIA:		
1 st Communion:		
Confirmation:		
First Name/Nickname:		
Last Name:		
DOB (mm/dd/yyyy) & gender:		
Birth Place:	-	
Relationship to household:		
Special Needs:		
Sacramental Information (Dates, if known):		
Baptism/Faith:		
Church/RCIA:		
I st Communion:		
Confirmation:		