## St. Mary Catholic Church, Grand Rapids

## Membership Registration Form

Family Last Name:										
Street Address:					City/State/Zip:					
Home Phone #: ( )		_								
Marital Status of Adults in	n Household:	Church Marriage	Civil Marriage	Single	Divorced	Separated	Widowed			
	Head of	Household	9	Spouse						
First name:										
Maiden name:							Tomas			
Religion:										
Languages spoken:										
Occupation:										
Work phone #:	()		()							
Mobile phone #:	()		( )							
Email address:							THE STATE OF THE S			
Gender:		_								
Birth date:										
Baptism date:										
Church & city of baptism:		_								
1 <sup>st</sup> Communion: (Y/N)							4547			
Confirmation: (Y/N)							(continued on other side) →			

Please complete the following	-	-	First		
Name:	Birth date:	Baptism: (Y/N)	Communion: (Y/N)	Confirmation: (Y/N)	Grade and school attending:
Would you like to use contribution			ring? e at <u>https://stmaryg</u>	r.weshareonline.o	<u>rq</u> .
After completing this form, please St. Mary Church 423 First Street NW Grand Rapids, MI 49504-5	·	collection bask	xet or return to:		
Visit our parish website to learn m www.stmarygr.org		parish history,	, calendar of eve	nts, and opporti	unities to help others in need:
Office Use Only: Date Form Received:	N	umber Assigned:		Notes	:

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