St. Mary Catholic Church, Grand Rapids

Membership Registration Form

Family Last Name:									
Street Address:					_City/State/Zip:				
Home Phone #: ()		<u> </u>							
Marital Status of Adults in	Household:	Church Marriage	Civil Marriage	Single	Divorced	Separated	Widowed		
	Head of	Household	S	pouse					
First name:							5-0		
Maiden name:									
Religion:									
Languages spoken:									
Occupation:									
Work phone #:	()		()						
Mobile phone #:	()		()						
Email address:									
Gender:									
Birth date:									
Baptism date:									
Church & city of baptism:									
1 st Communion: (Y/N)									
Confirmation: (Y/N)							7		

Please complete the following for children living at home:								
			First					
Name:	Birth date:	Baptism: (Y/N)	Communion: (Y/N)	Confirmation: (Y/N)	Grade and school attending:			
Would you like to use contribution				r.weshareonline.or	r <u>a</u> .			
After completing this form, please St. Mary Church 423 First Street NW Grand Rapids, MI 49504-52	·	collection baske	t or return to:					
Visit our parish website to learn more about our parish history, calendar of events, and opportunities to help others in need: stmarygr.org								
Office Use Only: Date Form Received:	Nı	ımber Assigned:		Notes:				