St. Mary of the Assumption Parish Waterford, New York 12188 Registration Form



Office Use Only: Envelope Number_____ GENERAL FAMILY INFORMATION (Please Print) Date: ______ FAMILY LAST NAME: Title for mailing purposes: OMr. & Mrs. OMr. OMrs. OMs. ODr. Other _____ Street Address: Zip code Phone numbers: Home:_____ Name:______Cell:_____ Name:______Cell:_____ Primary Email: Contact information of next of kin not living with you in case of emergency (i.e., grown son or daughter, parents, etc.): NAME RELATIONSHIP **CONTACT NUMBER** Would you care to receive the Diocesan Newspaper, THE EVANGELIST? (The annual subscription is \$18.00.)

PLEASE CONTINUE THE COMPLETION OF FORMS THAT FOLLOW...THANK YOU

Yes _____ No ____

Specific Adult Information

(Please complete this form for each adult in your household)

Please remember an adult is any individual 18 years and older. _____ FIRST:_____ Initial____ LAST NAME: Maiden Name (if applicable) Date of Birth: ____/___ City/State of Birth: ____ Occupation: Place of Employment: Work Phone Number: Marital Status: Church Married _____ Married by other than Priest_____ Single____ Divorced____ Separated____ Widowed____ Religion: _ Please Complete if Roman Catholic: Church of Baptism: City/State_____ No _____ If interested in a Ministry of Service, please indicate it? Specific Adult Information

LAST NAME: _____ Initial_____ Maiden Name (if applicable) _____ Date of Birth: ___/___ City/State of Birth: ____ Occupation: Place of Employment: _____ Work Phone Number: Marital Status: Church Married Married by other than Priest Single Divorced____ Separated____ Widowed____ Religion: Please Complete if Roman Catholic: Church of Baptism: City/State_____ **Confirmed:** Yes _____ No ____ If interested in a Ministry of Service, please indicate it? Specific Adult Information

LAST NAME: _____ Initial_____ Maiden Name (if applicable) Date of Birth: ____/___ City/State of Birth:____ Occupation: Place of Employment: Work Phone Number: Marital Status: Church Married _____ Married by other than Priest _____ Single _____ Divorced____ Separated____ Widowed____ Religion: Please Complete if Roman Catholic: Church of Baptism: City/State_____ Confirmed: Yes _____ No ____ Is there a Ministry of Service that you are interested in?

Youth Information

(Please complete this form for each youth member of your household)

LAST NAME:			
FIRST:	_MIDDLE:		M or F
Date of Birth:/			
Baptized: Yes No	Church of Baptism:		
Date of Baptism:	City/State:		
Mother's Maiden Name:			
Present Grade in School:	School:		
Participating in Faith Formation Progra			
Has this youth received First Eucharist If yes, name of Church:	? Yes	No	
City/State: Has this youth received Confirmation ? If yes, name of Church:			
City/State: Health issues (allergies, special need			(Please describe)
(Please complete this form form form form form form form form	•	-	·
FIRST:	_MIDDLE:		M or F
Date of Birth:/	City/State of Birth:_		
Baptized: Yes No	Church of Baptism:		
Date of Baptism:			
Mother's Maiden Name: Present Grade in School:			
Present Grade in School:	School:		
Participating in Faith Formation Progra	m? Yes	No	
Has this youth received First Eucharist	? Yes	No	
If yes, name of Church:			
City/State:			
Has this youth received Confirmation ? If yes, name of Church: City/State:			
Health issues (allergies, special need			
If interested in a Ministry of Service, plea	ase indicate it?		

Youth Information

(Please complete this form for each youth member of your household)

LAST NAME:			
FIRST:	MIDDLE:		M or F
Date of Birth:/	City/State of Birth:_		
Baptized: Yes No			
Date of Baptism:	City/State:		
Mother's Maiden Name:			
Present Grade in School:	School:		
Participating in Faith Formation Progra	m? Yes	No	
Has this youth received First Eucharist	? Yes	No	
City/State:			
Has this youth received Confirmation?	Yes	No	
If yes, name of Church:			
City/State:			
	a ata \ NO:	VEC	(Diagon describe).
Health issues (allergies, special need	s, etc.) NO:	169	(Please describe):
(Please complete this form f	or each youth memi	der di you	i riouseriola)
LAST NAME: FIRST:	MIDDI E:		M or F
Date of Birth:/	City/State of Rirth:		
Baptized: Yes No	Church of Bantism		
	City/State:	•	
Date of Baptism:	City/State		
Mother's Maiden Name: Present Grade in School:	School:		
Participating in Faith Formation Progra			
Has this youth received First Eucharist			
If yes, name of Church:			
City/State:			
	Yes	No.	-
Has this youth received Confirmation ?	165	INO	
If yes, name of Church:			
City/State:			
Health issues (allergies, special need	s, etc.) NO:	YES	(Please describe):
If interested in a Ministry of Service, plea	and indicate it?		