

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: Mr. & Mrs. Mr. Mrs. Ms. Dr.
 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
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_____	_____	_____
_____	_____	_____

Would you care to receive the Diocesan Newspaper, *THE EVANGELIST*? (The annual subscription is \$18.00.)

Yes _____ No _____

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

Specific Adult Information

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

Please remember an adult is any individual 18 years and older.

LAST NAME: _____ **FIRST:** _____ **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: _____ **FIRST:** _____ **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: _____ **FIRST:** _____ **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: ____/____/____ City/State 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** Program? Yes _____ No _____
Has this youth received **First Eucharist**? Yes _____ No _____
If yes, name of Church: _____
City/State: _____
Has this youth received **Confirmation**? Yes _____ No _____
If yes, name of Church: _____
City/State: _____

Health issues (allergies, special needs, etc.) NO: _____ YES _____ (Please describe):

If interested in a Ministry of Service, please 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 _____ Church of Baptism: _____
Date of Baptism: _____ City/State: _____

Mother's Maiden Name: _____
Present Grade in School: _____ School: _____
Participating in **Faith Formation** Program? Yes _____ No _____
Has this youth received **First Eucharist**? Yes _____ No _____
If yes, name of Church: _____
City/State: _____
Has this youth received **Confirmation**? Yes _____ No _____
If yes, name of Church: _____
City/State: _____

Health issues (allergies, special needs, etc.) NO: _____ YES _____ (Please describe):

If interested in a Ministry of Service, please 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 _____ Church of Baptism: _____

Date of Baptism: _____ City/State: _____

Mother's Maiden Name: _____

Present Grade in School: _____ School: _____

Participating in **Faith Formation** Program? Yes _____ No _____

Has this youth received **First Eucharist**? Yes _____ No _____

If yes, name of Church: _____

City/State: _____

Has this youth received **Confirmation**? Yes _____ No _____

If yes, name of Church: _____

City/State: _____

Health issues (allergies, special needs, etc.) NO: _____ YES _____ (Please describe):

If interested in a Ministry of Service, please 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 _____ Church of Baptism: _____

Date of Baptism: _____ City/State: _____

Mother's Maiden Name: _____

Present Grade in School: _____ School: _____

Participating in **Faith Formation** Program? Yes _____ No _____

Has this youth received **First Eucharist**? Yes _____ No _____

If yes, name of Church: _____

City/State: _____

Has this youth received **Confirmation**? Yes _____ No _____

If yes, name of Church: _____

City/State: _____

Health issues (allergies, special needs, etc.) NO: _____ YES _____ (Please describe):

If interested in a Ministry of Service, please indicate it? _____