

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



Office Use Only: PDS ID Number _____

GENERAL FAMILY INFORMATION (Please Print) Registration 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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How would you like to support St. Mary's Parish weekly? (check one)

Envelopes (provided to my home address) _____ Online giving via Vanco _____

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

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.

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? _____