

St. Mary Magdalen of Pazzi Family Registration Form

Family Name: _____ First Name(s) _____

Circle Mailing Label Title: Mr. & Mrs. Mr. Mrs. Ms. Miss Other: _____

Street Address _____

City/State/Zip _____

Phone # Home _____ Unlisted ___Yes ___No

Previous Parish Name/City/State: _____

Is any member of your family a shut-in? ___ Yes ___ No

For Office Use Only

ID/env: _____

Date: _____

St. Mary Magdalen of Pazzi

P.O. Box 110, 110 Hwy 376

270-496-4333 phone 270-496-4790 fax

Email: stmarymag@bbtel.com

Website: www.stmarypayneville.org

Instructions:

1. Fill in family mailing information at left.
2. List all family members below & fill in information for all members. Children 21 & older should fill out a separate form.
3. Return form by mail, fax, drop off at the office or place in collection basket at any weekend Mass.

	Head of House	Spouse	Child #1	Child #2	Child #3	Child #4	Child #5
First Name & Middle Initial							
Last Name, if different							
Gender - circle one	M / F	M / F	M / F	M / F	M / F	M / F	M / F
Date of Birth							
Occupation or School & Grade, if a student							
Baptism - Church & Date, if known							
First Eucharist Church & Date							
Confirmation Church & Date							
Marital Status - see below							
Marriage Church & Date							

MARITAL STATUS: Please indicate one of the following: Catholic Marriage; Civil Ceremony; Single; Divorced; Widowed; Other (Please Explain)

Revised 1/2016