



St. Martin de Porres Catholic Church Parish Registration Form

For Office Use Only
Parish ID #
Entry Date
ID/Envelope #

Please return completed form to Church office or place in collection basket during Mass.

- YES NO Do you need offertory envelopes (annual boxed set) OR
 YES NO Do you wish to receive information about contributing electronically? (*Faith Direct*)

Family Contact Information

Family Name _____ Primary Phone Number _____

Street Address _____ City _____ Zip Code _____

Email Address _____

- Do **NOT** list my family in the Parish Directory.

Head of Household

Salutation: Mr. Mrs. Mr. & Mrs. Ms. Miss Dr. Other _____

Last Name _____ First Name _____ MI _____ Nickname _____

Date of Birth _____ Ethnicity _____

Email _____ Preferred Language _____

Phone _____ cell work Religion _____

Occupation _____ Employer _____

Sacraments Received: Baptism First Communion Reconciliation Confirmation

Current Marital Status: Single Married (Date: ___/___/___) Divorced Separated Widowed

Married by a Priest or Deacon? Yes No

Parish Name _____ City, State _____

Spouse

Last Name _____ First Name _____ MI _____ Nickname _____

Date of Birth _____ Ethnicity _____

Email _____ Preferred Language _____

Phone _____ cell work Religion _____

Occupation _____ Employer _____

Sacraments Received: Baptism First Communion Reconciliation Confirmation

Children (under 18) living in your household

Full Name _____ M/F Date of Birth _____ School Grade _____

Sacraments Received: Baptism First Communion Reconciliation Confirmation

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