



# Church of St. Mary Parish Registration Form

5 Hillhouse Avenue, New Haven, CT 06511

Phone: (203) 562-6193 Fax: (203) 562-1273

*For office use only*  
Contribution envelope #

## Personal Information

Registration Date: \_\_\_\_\_

Would you like contribution envelopes: Yes   
No

Name: \_\_\_\_\_

Occupation:

Street Address: \_\_\_\_\_

Work Phone Number:

City, State, Zip Code: \_\_\_\_\_

Date of Birth:

Home Phone Number: \_\_\_\_\_

Sacraments Received: Date (if known)

Baptism  \_\_\_\_\_

1st Communion  \_\_\_\_\_

Confession  \_\_\_\_\_

Confirmation  \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

RCIA  \_\_\_\_\_

Marital Status:

Single

Married

Divorced

Separated

## If Married Please Provide the following Information

### Spousal Information

Name:

Marriage Date

Date of Birth:

Were you married in a Catholic church yes  no

Occupation:

If yes, provide church name

Work Phone Number:

If no, provide alternate location title

Cell Phone Number:

Were you married by a Catholic priest yes  no

Email Address:

If no, who were you married by:

Sacraments Received: Date (if known)

Baptism  \_\_\_\_\_

RCIA  \_\_\_\_\_

1st Communion  \_\_\_\_\_

Confession  \_\_\_\_\_

Confirmation  \_\_\_\_\_

**Please use page 2 if you have children  
or additional family members that  
you would like to register.**

Is your spouse joining St. Mary's Parish yes  no

# Children

(Please provide Sacrament dates if known, otherwise check off appropriate boxes)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Special Needs: \_\_\_\_\_

Baptism  Catholic  Holy Communion  Confession  Confirmation

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Special Needs: \_\_\_\_\_

Baptism  Catholic  Holy Communion  Confession  Confirmation

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Baptism  Catholic  Holy Communion  Confession  Confirmation