

For office use only:

Envelope number: \_\_\_\_\_

Registration date: \_\_\_\_\_

**Pastorate of St. Francis - St. Mary & Holy Family**  
**7321 Burkittsville Road**  
**Middletown, MD 21769**  
**301-473-4800**

For office use only:

Contact form sent: \_\_\_\_\_

\_\_\_ St. Francis - St. Mary **Date:** \_\_\_\_\_

\_\_\_ Holy Family Catholic Community

Please PRINT

**Family Information:**

Family Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Family e-mail address: \_\_\_\_\_ **May we include your phone, address and e-mail in our parish directory? Yes / No**

Emergency phone number: \_\_\_\_\_

Sacrificial Giving (check one) \_\_\_ Envelopes \_\_\_ Electronic transfer of funds (please see blue sheet to sign up)

**Marital Status:** \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated

*If married, was the ceremony a valid Catholic Marriage? Yes / No* **Wedding Date:** \_\_\_\_\_  
(valid means a ceremony in a Catholic Church or in a non-Catholic Church but with Dispensations.)

*If No, would you like to be contacted to have the marriage validated? Yes / No*

**Wife's Maiden Name:** \_\_\_\_\_

*If married & want our mailings addressed other than "Mr. & Mrs.," please indicate title here:* \_\_\_\_\_

**Head of Household Information:**

**Male:** Full Name: \_\_\_\_\_ **Female:** Full Name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Date of Birth (include month/day/year): \_\_\_\_\_ Date of Birth (include month/day/year): \_\_\_\_\_

Please indicate religion: \_\_\_\_\_ Please indicate religion: \_\_\_\_\_

**Baptized?Yes / No RCIA?Yes / No Confirmed?Yes / No** **Baptized?Yes / No RCIA?Yes / No Confirmed?Yes / No**

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(please be specific) (please be specific)

Highest level of education completed: \_\_\_\_\_ Highest level of education completed: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**If you are currently registered with another parish, please list the name** \_\_\_\_\_

**Are there any special needs for you or your spouse?** \_\_\_\_\_

**Children Information:** Please list dependent children who reside in your household. (If more than five children, please continue information on an additional sheet- thank you)

Child's Name: \_\_\_\_\_ MALE / FEMALE Birth date: \_\_\_\_\_  
Preferred name: \_\_\_\_\_ Special needs? \_\_\_\_\_  
Baptized? **Yes / No** 1st Eucharist? **Yes / No** Please indicate Religion: \_\_\_\_\_  
1<sup>st</sup> Reconciliation? **Yes / No** Confirmed? **Yes / No** Current grade: \_\_ Attend Catholic School? **Yes/No**

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