

Computer
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 Parish Office Use ONLY

Saint Mary Parish

Chardon, Ohio

Please check one:
 New Parishioner Registration
 Update to Current Registration

Date _____

Interviewed by _____

Family Last Name: _____ Street Address: _____

City: _____ State: _____ ZIP: _____ Home Phone: (____) _____

Please list any language, other than English, that is spoken in the home: _____ Name of previous parish _____

ADULT MALE

NAME: Last _____

First _____ MI _____ Goes by: _____
 Mr. Dr. Jr. Sr.

Date of Birth _____

Religious Denomination _____

EDUCATION

High School Attended _____

College Attended _____

Highest degree attained _____

What ministry were you involved in at your former parish (For example: Lector, Eucharistic Minister, PSR teacher)?

ADULT FEMALE

NAME: Last _____ First _____

MI _____ Maiden _____
 Goes by: _____ Mrs. Miss Ms. Dr.

Date of Birth _____

Religious Denomination _____

EDUCATION

High School Attended _____

College Attended _____

Highest degree attained _____

What ministry were you involved in at your former parish (For example: Lector, Eucharistic Minister, PSR teacher)?

HAVE YOU RECEIVED THESE SACRAMENTS

Baptism? Yes No Unknown
 Communion? Yes No Unknown
 Confirmation? Yes No Unknown

RCIA/Convert? Yes No

I attend Mass: Daily Weekly Frequently Occasionally Never

EMPLOYMENT

Current employment status:
 employed unemployed retired on disability

Occupation _____

Employer _____

Work phone # (____) _____ Ext. _____

Cell phone # (____) _____

E-Mail Address _____

MARITAL STATUS: (please check one)
 Married Single Widowed
 Separated Divorced

If divorced, has an annulment been granted? Yes No

Date of present marriage _____
 If Yes,

◆ At which Catholic church was the marriage celebrated, approved or validated?

Name of Church _____

City, State _____

Comments / Recommendations _____

HAVE YOU RECEIVED THESE SACRAMENTS

Baptism? Yes No Unknown
 Communion? Yes No Unknown
 Confirmation? Yes No Unknown

RCIA/Convert? Yes No

I attend Mass: Daily Weekly Frequently Occasionally Never

EMPLOYMENT

Current employment status:
 employed unemployed retired on disability

Occupation _____

Employer _____

Work phone # (____) _____ Ext. _____

Cell phone # (____) _____

E-Mail Address _____

MARITAL STATUS: (please check one)
 Married Single Widowed
 Separated Divorced

If divorced, has an annulment been granted? Yes No
 If no, would you like assistance in this process? Yes No

Is present marriage valid in the eyes of the Church? Yes No
 If No,

◆ Have you sought to validate your marriage?
 Yes No

◆ Are there previous marriages that are not yet annulled?
 Husband _____ Wife _____

◆ Would you like our assistance in this process?
 Yes No

OTHER ADULTS LIVING IN THE HOME: (Please include any adult CHILDREN in the shaded areas further down on this page)

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

If a family member is not Catholic, is he or she interested in more information about the faith? Yes No

If yes, please provide name _____

Do any family members have handicaps or special needs? Yes No If yes, please specify _____

Are any family members homebound? Yes No _____

FIRST CHILD

NAME:

First _____ M _____ Last _____

Male Female Date of Birth _____

Baptized: Yes No

Communion: Yes No

Confirmed: Yes No

Attends PSR? Yes No

Present school / employer _____

Year of High School Graduation: _____
(actual or projected)

FOURTH CHILD

NAME:

First _____ M _____ Last _____

Male Female Date of Birth _____

Baptized: Yes No

Communion: Yes No

Confirmed: Yes No

Attends PSR? Yes No

Present school / employer _____

Year of High School Graduation: _____
(actual or projected)

SECOND CHILD

NAME:

First _____ M _____ Last _____

Male Female Date of Birth _____

Baptized: Yes No

Communion: Yes No

Confirmed: Yes No

Attends PSR? Yes No

Present school / employer _____

Year of High School Graduation: _____
(actual or projected)

FIFTH CHILD

NAME:

First _____ M _____ Last _____

Male Female Date of Birth _____

Baptized: Yes No

Communion: Yes No

Confirmed: Yes No

Attends PSR? Yes No

Present school / employer _____

Year of High School Graduation: _____
(actual or projected)

THIRD CHILD

NAME:

First _____ M _____ Last _____

Male Female Date of Birth _____

Baptized: Yes No

Communion: Yes No

Confirmed: Yes No

Attends PSR? Yes No

Present school / employer _____

Year of High School Graduation: _____
(actual or projected)

SIXTH CHILD

NAME:

First _____ M _____ Last _____

Male Female Date of Birth _____

Baptized: Yes No

Communion: Yes No

Confirmed: Yes No

Attends PSR? Yes No

Present school / employer _____

Year of High School Graduation: _____
(actual or projected)

Please list any additional family members on a separate sheet