

St. Margaret Mary Catholic Church

2405 South Seventh Street Terre Haute, IN 47802
 Phone: (812) 232-3512 Fax: (812) 232-6921
 www.smmth.org

For Office Use: PDS # _____ Geo _____
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Registration Form

(Please Print)

Household Information

Family Name: _____ Date of Registration _____
 Home Phone: _____ Listed Unlisted
 Address: _____
Street City State Zip Code
 Weekend/Holy Day Mass Attendance Always ___ Usually ___ Seldom ___

Contact Information

	<u>Cell Phone</u>	<u>E-mail Address</u>	<u>Place of Work</u>	<u>Workplace Phone</u>
Head of House	_____	_____	_____	_____
Spouse	_____	_____	_____	_____

Household Information -- Adults

	<u>First Name</u>	<u>Birth date</u>	<u>Religion</u>	<u>Ethnicity</u>	<u>Marital Status*</u>	<u>Baptism</u>	<u>Eucharist</u>	<u>Confirmation</u>
Head of House	_____	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____	_____

* options: unmarried, married, widowed, divorced, annulled, separated

Head of House Baptism (Year: _____, Church: _____, City/St: _____)
 Head of House Eucharist (Year: _____, Church: _____, City/St: _____)
 Head of House Confirmation (Year: _____, Church: _____, City/St: _____)

Spouse Baptism (Year: _____, Church: _____, City/St: _____)
 Spouse Eucharist (Year: _____, Church: _____, City/St: _____)
 Spouse Confirmation (Year: _____, Church: _____, City/St: _____)

Wedding Date: _____ Married by Catholic Priest/Deacon Other

Name and title of officiant: _____ If other, has this marriage been blessed (convalidated) by a priest? Y N

*** Name of Church / Courthouse, City and State

Place of Wedding***: _____

Wife's Maiden Name: _____

