

# St. Margaret Mary Catholic Church

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

<b>For Office Use:</b>
PDS # _____
Geo _____

## Registration Form

(Please Print)

### Household Information

Family Name: _____		Date of Registration _____	
Home Phone: _____	Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>	
Address: _____		_____	
Street	City	State	Zip Code
Weekend/Holy Day Mass Attendance		Always _____	Seldom _____
		Usually _____	

### Contact Information

Cell Phone	E-mail Address	Place of Work	Workplace Phone
Head of House _____	_____	_____	_____
Spouse _____	_____	_____	_____

### Household Information -- Adults

First Name	Birth date	Religion	Ethnicity	Marital Status*	Baptism	Eucharist	Confirmation
Head of House _____	_____	_____	_____	_____	_____	_____	_____
Spouse _____	_____	_____	_____	_____	_____	_____	_____
* options: unmarried, married, widowed, divorced, separated, living together							
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 <input type="checkbox"/>			Other <input type="checkbox"/>			
Name and title of officiant: _____			If other, has this marriage been blessed (convalidated) by a priest? Y <input type="checkbox"/> N <input type="checkbox"/>				
*** Name of Church / Courthouse, City and State _____							
Place of Wedding***: _____							
Wife's Maiden Name: _____							

