

# Mary, Help of Christians Registration Form

ENVELOPE # \_\_\_\_\_

DATE REGISTERED \_\_\_\_\_

FAMILY NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Spouse \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Unlisted? \_\_\_\_\_

Your Cell \_\_\_\_\_

Your Spouse's Cell \_\_\_\_\_

# of children at home: \_\_\_\_\_

PLEASE COMPLETE FRONT AND BACK OF FORM FOR ALL MEMBERS OF YOUR FAMILY.

### Member Information

Single Man or  
Husband

Single Woman or  
Wife

Child

Child

Child

Child

Mr., Mrs., Ms.  
or Miss

First name

Last name

Maiden name

Email address

Religion

Foreign languages

Occupation

Location

Bus. Phone

Birth date

Gender

|                           | <u>Single Man or<br/>Husband</u> | <u>Single Woman or<br/>Wife</u> | <u>Child</u> | <u>Child</u> | <u>Child</u> | <u>Child</u> |
|---------------------------|----------------------------------|---------------------------------|--------------|--------------|--------------|--------------|
| Mr., Mrs., Ms.<br>or Miss |                                  |                                 |              |              |              |              |
| First name                |                                  |                                 |              |              |              |              |
| Last name                 |                                  |                                 |              |              |              |              |
| Maiden name               |                                  |                                 |              |              |              |              |
| Email address             |                                  |                                 |              |              |              |              |
| Religion                  |                                  |                                 |              |              |              |              |
| Foreign languages         |                                  |                                 |              |              |              |              |
| Occupation                |                                  |                                 |              |              |              |              |
| Location                  |                                  |                                 |              |              |              |              |
| Bus. Phone                |                                  |                                 |              |              |              |              |
| Birth date                |                                  |                                 |              |              |              |              |
| Gender                    |                                  |                                 |              |              |              |              |

Please don't forget to complete the back of the form for all members of your family.

Sacraments and Other Info.

Single Man or  
Husband

Single Woman or  
Wife

Child

Child

Child

Child

Baptism ?

If Yes print Date &  
Church

1st Comm. ?

If Yes print Date &  
Church

Confirmation ?

If Yes print Date &  
Church

Married ?

If Yes print Date &  
Church

Marriage date

Ministries and  
Talents

Ministries and  
Talents

Would like to  
volunteer for...

Other  
Remarks:

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