

**ST MARY CATHEDRAL
OUR LADY OF MOUNT CARMEL
Parish Registration Form**

This form can be used to: Register as a new parishioner or parish family, or to update existing parishioner data. All information is for internal parish use only.

PLEASE PRINT

Date: _____

<p style="text-align: center;">St. Mary Cathedral Mailing Address: 606 N Ohio Ave, Gaylord, MI 49735-1914 (Parish Office located in Diocesan Pastoral Center: 611 W North St) Phone: 989-732-5448 ~ Fax: 989-705-3585 website: www.stmarycathedral.org</p>	<p>Please check one: <input type="checkbox"/> On-line giving: visit: www.stmarycathedral.org, click on "Stewardship", "WeShare", or call parish office for assistance. <input type="checkbox"/> I would like to receive envelopes (mailed to you bi-monthly)</p>
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Family Info:	<p>Head of Household: Last Name: _____ First Name: _____ Middle: _____ Title: _____ Nick-name _____ Maiden Name: _____ Religion: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Occupation: _____ Employer: _____ Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Religious <input type="checkbox"/> Other _____</p> <p>Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1st Penance: Yes No 1st Communion: Yes No Confirmation: Yes No Married on: _____ Church: _____ City/State: _____ Were you married in the Catholic Church? Yes No Were you previously married? Yes No Has this marriage been annulled? Yes No</p>	<p>Spouse: Last Name: _____ First Name: _____ Middle: _____ Title: _____ Nick-Name _____ Maiden Name: _____ Religion: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Occupation: _____ Employer: _____ Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Religious <input type="checkbox"/> Other _____</p> <p>Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1st Penance: Yes No 1st Communion: Yes No Confirmation: Yes No Were you previously married? Yes No Has this marriage been annulled? Yes No</p>
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St Mary Cathedral School Alumni:	Did you graduate from St. Mary School? Yes No Graduation Year _____ Maiden Name if different _____	Did you graduate from St. Mary School? Yes No Graduation Year _____ Maiden Name if different _____
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Phones: Email:	Home: _____ Cell: _____ Work: _____ Family Email: _____ Personal Email: _____	Cell: _____ Work: _____ Personal Email: _____
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Mailing Address:	Mailing Address: _____ City/State/Zip: _____ Home Address: _____ City/State/Zip: _____ (if different from mailing address)	Seasonal Address:	Send mail to this address: From: Month _____ Day _____ To: Month _____ Day _____ Address: _____ City/State/Zip: _____ Phone: _____
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Please list all children that are living in the home from oldest to the youngest. If Child is 18 or older, they should fill out their own registration form. If you have more than 4 children, please list them on another form and attach it to this sheet.

Child #1 Last Name: _____ First Name: _____ Middle: _____ Nickname: _____ Birthdate: _____ Religion: _____ Handicap: _____ Grade: _____ School Attending: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1 st Penance: Yes No 1 st Communion: Yes No Confirmation: Yes No
Child #2 Last Name: _____ First Name: _____ Middle: _____ Nickname: _____ Birthdate: _____ Religion: _____ Handicap: _____ Grade: _____ School Attending: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1 st Penance: Yes No 1 st Communion: Yes No Confirmation: Yes No
Child #3 Last Name: _____ First Name: _____ Middle: _____ Nickname: _____ Birthdate: _____ Religion: _____ Handicap: _____ Grade: _____ School Attending: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1 st Penance: Yes No 1 st Communion: Yes No Confirmation: Yes No
Child #4 Last Name: _____ First Name: _____ Middle: _____ Nickname: _____ Birthdate: _____ Religion: _____ Handicap: _____ Grade: _____ School Attending: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sacraments: Baptism: Yes No Church: _____ City/State: _____ 1 st Penance: Yes No 1 st Communion: Yes No Confirmation: Yes No

PHOTO & PUBLICITY CONSENT

I understand that promotional pictures and videos (individual and group) of me and my family members (including minor children) may be taken during parish, school, diocesan and other events. I hereby give permission for images, names, ages, comments, parish/school, verbal or written remarks to be used for news and promotional materials for St. Mary Cathedral and School. This permission will remain in force unless withdrawn in writing by a letter to the Parish Office.

Signature: _____

OFFICE USE ONLY:

Date: _____ Entered by _____ Ministry Form _____