ST. MARY PARISH REGISTRATION

Registration Date_____

26 DODGINGTOWN ROAD, BETHEL CT 06801 **PHONE (203) 744-5777** **FAX (203) 744-3740**

Family Name_____

Street Address_____**City**_____**Zip**_____

Phone_____ **Home Language**_____ **E-Mail:** _____

Single Parent (Circle One) **Yes - No**

Marital Status (Circle One) **Married - Single - Widow/Widower - Separated - Divorced - Remarried**

Married by Priest (Circle One) **Yes - No** **If no, are you interested and would like to speak with a priest?** (Circle One) **Yes - No**
Wedding Date_____ **Church of Marriage**_____

FAMILY MEMBERS		**BIRTHDATE** Month - Day - Year	**BIRTH COUNTRY**	**RELIGION**	**SACRAMENTS RECEIVED** PLEASE WRITE YES OR NO FOR EACH SACRAMENT Baptism	First Communion	Confirmation	**MASS ATTENDANCE** Regular - Sometimes Not Attend
Self	**Occupation**							
Spouse	**Occupation**							
Maiden Name of Wife (if applicable)								

CHILDREN			**BIRTHDATE**	**BIRTH COUNTRY**	**RELIGION**	**Baptism**	**First Communion**	**Confirmation**	**MASS ATTENDANCE**
Name	**Grade**	**School**							