

St. Malachy Parish Registration

Envelope # _____

Please Print:

Family Name: _____ **First Name(s):** _____ **Registration Date:** _____

Mailing Address: _____ **City** _____ **Zip Code** _____

Home Phone Number (include area code) _____ **Is this number unlisted?** ____ Yes ____ No

Email Address _____

	Adult	Adult	Child	Child	Child	Child
First Name						
Last Name (If different) and Maiden Name						
Date of Birth						
Cell Phone Number						
Religion						
Occupation						
Work Telephone Number						
Baptism (Circle one)	Y N	Y N	Y N	Y N	Y N	Y N
Parish of Baptism						
First Eucharist (Circle one)	Y N	Y N	Y N	Y N	Y N	Y N
Confirmation (Circle one)	Y N	Y N	Y N	Y N	Y N	Y N
Marital Status	____ Single ____ Married		____ Divorced		____ Separated ____ Widowed	
Parish of Marriage			Date of Marriage			
Marriage Celebrant						
Special Needs or Disabilities						

To participate in Online Giving visit stmalachychurch.org or contact the Parish Office at 586-264-1220