SAINT MALACHY
CATHOLIC CHURCH

Parish Registration

OFFICE USE

Envelope #

Registration Date

Household

Family Name

First Name(s)

Phone Number

Mailing Address

City

Zip Code

Email Address

Marital Status

○ Single ○ Married ○ Divorced ○ Separated ○ Widowed ○ Partners

Date of Marriage

Parish of Marriage

Marriage Celebrant

Are you from another Parish? ○ Yes ○ No **If so, please list:**

Would you like to receive envelopes or give online?

○ Receive Envelopes ○ Give Online

Would you like Festival Tickets?

○ Yes ○ No

Family Members

Only include children who are under 18. Adult children 18 and over should complete their own registration.

	Adult 1	Adult 2	Child 1 (under 18)	Child 2 (under 18)	Child 3 (under 18)	Child 4 (under 18)
First Name						
Last Name (if different)						
Date of Birth						
Religion						
Cell Phone Number						
Baptism	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
First Eucharist	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
Confirmation	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No