

Office information
Please do not write in this box

Revised 7/07/22

St. Maria Goretti Parish Registration Form

Envelope #: _____

Date Registered: _____

Date Inactivated: _____

Family Information: Family Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell Phone: _____

Email address: _____

What parish have you transferred from?

_____ City _____

Adult 1

Adult 2

First Name: _____

Marital Status: _____

Maiden Name: _____

Date of Birth: _____

Religion: _____

Occupation: _____

Employed at: _____

Work Phone:(optional) _____

Please indicate the ministries you may be interested in:

	Adult 1	Adult 2	Child		Adult 1	Adult 2	Child
Altar Server				*CFP Teacher			
Eucharistic Minister				*CFP Classroom Aide			
Greeter				Confirmation Prep.			
Lector				Children's Liturgy			
Sacristan				Ministry of Care			
Music				Church			
Baptism Team				Art & Environment			
Wedding Support				Community Outreach			
				Finance Committee			

*CFP = Christian Formation Program (Religious Education Program for grades 1-9)

Sacraments Received:

Adult 1

Adult 2

Baptism Date: _____

Church of Baptism: _____

City: _____ State: _____

City: _____ State: _____

Church of 1st Communion _____

City: _____ State: _____

City: _____ State: _____

Church of Confirmation: _____

City: _____ State: _____

City: _____ State: _____

Date of Marriage: _____

Church: _____

City: _____ State: _____

Dependent Children Living at Home (under age 18):

Child # 1

Child # 2

Child #3

Male/Female

Male/Female

Male/Female

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Sacraments Received:

Child # 1

Child # 2

Child #3

Baptism Date: _____

Church Baptized: _____

City/State: _____

City/State: _____

City/State: _____

Church of Communion: _____

City/State: _____

City/State: _____

City/State: _____

Confirmation Date: _____

Church of Confirmation: _____

City/State: _____

City/State: _____

City/State: _____