

# Parish Registration

Saint Mary, Mother of God Church  
P.O. Box 327, Yatesboro, PA 16263  
724-783-7191

**Head of Household** \_\_\_\_\_  
*Last Maiden First Middle Sr-Jr-II*

**Date of Birth** \_\_\_\_\_ **Roman Catholic** \_\_\_\_\_  
**If not Roman Catholic, list Religion** \_\_\_\_\_

**Spouse** \_\_\_\_\_  
*Last Maiden First Middle Sr-Jr-II*

**Date of Birth** \_\_\_\_\_ **Roman Catholic** \_\_\_\_\_  
**If not Roman Catholic, list Religion** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Occupation(s)** \_\_\_\_\_  
\_\_\_\_\_

**Marital Status** Married Single Widowed Divorced

**Date of Marriage** \_\_\_\_\_

**Married by Catholic Priest** \_\_\_\_\_

**Name of Church where married** \_\_\_\_\_

**City and State where married** \_\_\_\_\_

**Children Living at Home** (*list each child separately*)

**Name** \_\_\_\_\_  
*Last First Middle Grade*

**Date of:** \_\_\_\_\_  
*Birth Baptism Confirmation Eucharist*

**Name** \_\_\_\_\_  
*Last First Middle Grade*

**Date of:** \_\_\_\_\_  
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**Name** \_\_\_\_\_  
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**Date of:** \_\_\_\_\_  
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**Name** \_\_\_\_\_  
*Last First Middle Grade*

**Date of:** \_\_\_\_\_  
*Birth Baptism Confirmation Eucharist*

Does any member of your household suffer from a disability or impairment which could impact our ministry? *e.g., Hearing/ Visually Impaired, Physically/Mentally Disabled*

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in obtaining information about our community's Ministries, Organizations, or Programs? If so, list any specific areas you are interested in.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions or recommendations on how we may better serve the needs of our community?

\_\_\_\_\_  
\_\_\_\_\_