

St. Mary's Parish Registration Form

Date: _____ Last Name: _____ Street Address/PO Box: _____

City: _____ State: _____ Zip: _____ Phone: _____ listed unlisted Will Use Envelopes: Y N

Marital Status: Church Married Married Single Divorced Separated Widowed Church Attendance: Regular Frequently Occasional Seldom

Comments or remarks: _____

Member Information

	Husband	Wife	Child	Child	Child	Child	Other
First Name							
Last Name (if Different Maiden Name, Spouse)							
Marital Status							
Religion							
Handicap							
Languages Spoken							
Occupation							
Location/Phone							
Grade in School							
Sex	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)

Please print this form, fill it out and mail it to:

St. Mary's Rectory
83 Central Street
Foxboro, MA 02035