

St. Margaret REGISTRATION FORM

Date: _____

Family Name _____

Street _____

City _____ State _____ Zip _____

Sacred Heart
 PO Box 235
 Pembine, WI 54156
 Phone: (715) 324-5849 ☐
stmargaretpembine@gmail.com

Authorization to list family names addresses and home phones in parish directory? Yes No

PLEASE PRINT	HEAD OF HOUSEHOLD	SPOUSE
Title (Circle One)	Mr. Mrs. Miss Ms. Dr. Other: _____	Mr. Mrs. Miss Ms. Dr. Other: _____
Name (First/Middle/Last)		
Birthdate		
Preferred name		
Home Telephone		
Work Phone		
Cell Phone		
E-mail Address		
Best Way to Contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text
Marital Status (check one)	<input type="checkbox"/> Married/ Catholic Ceremony <input type="checkbox"/> Married/ Other <input type="checkbox"/> Single <input type="checkbox"/> Other	<input type="checkbox"/> Married/ Catholic Ceremony <input type="checkbox"/> Married/ Other <input type="checkbox"/> Single <input type="checkbox"/> Other
Marriage Date		
Maiden Name		
Occupation		
Employer		
Religious Affiliation	<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other	<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other
Sacraments Received (mm/yyyy or parish/city)	Baptism _____ Eucharist _____ Confirmation _____	Baptism _____ Eucharist _____ Confirmation _____

Important! See back side to complete Member information

PLEASE PRINT	CHILD	CHILD	CHILD
Name (First/Middle/Last)			
Gender			
Birthdate			
Preferred name			
Current Grade			
Sacraments Received (mm/yyyy or parish/city)	Baptism _____	Baptism _____	Baptism _____
	Eucharist _____	Eucharist _____	Eucharist _____
	Confirmation _____	Confirmation _____	Confirmation _____

PLEASE PRINT	CHILD	CHILD	CHILD
Name (First/Middle/Last)			
Gender			
Birthdate			
Preferred name			
Current Grade			
Sacraments Received (mm/yyyy or parish/city)	Baptism _____	Baptism _____	Baptism _____
	Eucharist _____	Eucharist _____	Eucharist _____
	Confirmation _____	Confirmation _____	Confirmation _____

Are you new to the area? Yes No

Are you currently members of a different parish? Yes No

Are you presently attending Mass and receiving the Sacraments? Yes No

Place and Mass time you usually attend _____

Do you have any special needs with which we can help? _____

Is anyone in your home homebound? If yes, Name: _____

"I/We promise to walk faithfully with our fellow parishioners of St. Anthony Parish, to worship with them regularly and to make a commitment of stewardship to the parish community."

Signature (Head of Household)

Signature (Spouse)

Env # _____	Welcome <input type="checkbox"/>
CF <input type="checkbox"/>	GS <input type="checkbox"/>