



Church of St. Mary Parish Registration Form

5 Hillhouse Avenue, New Haven, CT 06511
Phone: (203) 562-6193 Fax: (203) 562-1273

For office use only
Contribution envelope #

Personal Information

Registration Date: _____

Would you like contribution envelopes: Yes
No

Name: _____

Occupation:

Street Address: _____

Work Phone Number:

City, State, Zip Code: _____

Date of Birth:

Home Phone Number: _____

Sacraments Received: Date (if known)

Baptism _____

1st Communion _____

Confession _____

Confirmation _____

Cell Phone Number: _____

RCIA _____

Marital Status:

Single

Married

Divorced

Separated

If Married Please Provide the following Information

Spousal Information

Name:

Marriage Date

Were you married in a Catholic church yes no

Date of Birth:

If yes, provide church name

Occupation:

If no, provide alternate location title

Work Phone Number:

Were you married by a Catholic priest yes no

Cell Phone Number:

If no, who were you married by:

Email Address:

Marriage Location (city/state)

Sacraments Received: Date (if known)

Baptism _____

RCIA _____

1st Communion _____

Confession _____

Confirmation _____

**Please use page 2 if you have children
or additional family members that
you would like to register.**

Is your spouse joining St. Mary's Parish yes no

Children

(Please provide Sacrament dates if known, otherwise check off appropriate boxes)

Child's Name _____ Date of Birth _____ Grade _____ Special Needs: _____

Baptism Catholic Holy Communion Confession Confirmation

Child's Name _____ Date of Birth _____ Grade _____ Special Needs: _____

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