St. Mary Catholic Church, Newport

11555 St. Mary's Church Road, Charlotte Hall, MD 20622
301-934-8825
stmarycatholicchurchnewportmd@gmail.com

Parishioner Registration Form

ly Last Name: _____
ing Address: _____
t Address (if different) _____
e Phone Number: _____ Cell Phone Number: _____ E-mail: _____

FAMILY INFORMATION

h Envelope #: _____
Attendance: ____ Daily _____ Weekly _____ Monthly _____ Other
ılar Mass Attendance : _____ (Sat. 5:00 p.m.) _____ (Sun. 8:00 a.m.) _____ (Sun. 10:30 a.m.)

	LAST NAME	FIRST & MIDDLE NAME	Male/Female	Date of Birth (MM/DD/YY)	Date of Baptism & Church **(if known)**	Date of First Communion & Church **(if known)**	Date of Confirmation & Church **(if know**
of Household							
se							
tal Status:	**____ Single**	**____ Married**	**____ Divorced**	**___Widow/Widower**			

CHILDREN (UNDER 21)

AST NAME	FIRST & MIDDLE NAME	M/F	Date of Birth MM/DD/YY	Mass Attendance Y/N	Date of Baptism & Church **(if known)**	Date of First Communion & Church **(if known)**	Date of Confirmation & Church **(if know**