

Please read first.
PRINT all answers.
Answer all questions.

Drop in Sunday collection
OR mail to
Catholic Parishes of Millbury
59 Main Street
Millbury, MA 01527

CATHOLIC PARISHES OF MILLBURY REGISTRATION FORM

Assumption _____ or St. Brigid _____

Family Surname _____

Date _____

Mailing Address _____

City _____

Zip Code _____

E-Mail Address _____

Street Address _____

City _____

ZIP Code _____

Home Phone _____

SPOUSE/SINGLE

ADULT

Full Name (include Mr., Mrs., Miss, or Ms) _____

Birth Date _____

Occupation _____

Employer _____

Work Place Phone _____

Religion _____

Maiden Name _____

Highest School Grade Completed _____

Cell Phone _____

Marital Status (circle one) Single

Separated

Married

Divorced

Widowed

Catholic Sacraments Celebrated:

Baptism - Date and Place (if known) _____

Communion Reconciliation/Confession

Confirmation - Date and Place (if known) _____

SPOUSE

Full Name (include Mr., Mrs., Miss, or Ms) _____

Date of Catholic Marriage _____

Occupation _____

Employer _____

Work Place Phone _____

Birth Date _____

Religion _____

Highest School Grade Completed _____

Maiden Name _____

Cell Phone _____

Catholic Sacraments Celebrated:

Baptism - Date and Place (if known) _____

Communion Reconciliation/Confession

Confirmation - Date and Place (if known) _____

CHILDREN

Full Name _____ School _____ Grade _____ Gender _____

_____ *Catholic Sacraments*

Birth Date _____

Celebrated:

Baptism - Date and Place (if known) ____

Communion Reconciliation/Confession

Confirmation - Date and Place (if known) ____

Full Name _____ School _____ Grade _____ Gender _____

_____ *Catholic Sacraments*

Birth Date _____

Celebrated:

Baptism - Date and Place (if known) ____

Communion Reconciliation/Confession

Confirmation - Date and Place (if known) ____

Full Name _____ School _____ Grade _____ Gender _____

_____ *Catholic Sacraments*

Birth Date _____

Celebrated:

Baptism - Date and Place (if known) ____

Communion Reconciliation/Confession

Confirmation - Date and Place (if known) ____

Full Name _____ School _____ Grade _____ Gender _____

_____ *Catholic Sacraments*

Birth Date _____

Celebrated:

Baptism - Date and Place (if known) ____

Communion Reconciliation/Confession

Confirmation - Date and Place (if known) ____

