**New Parishioner Registration Form**

St. Martha Catholic Church

3331 Bell St.

Ashland City, TN 37015

Family (Last) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Single ( ) Engaged ( ) Married ( ) Divorced ( ) Widowed ( )

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_

Primary Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Personal Info | Registrant: Mr. Mrs. Ms. Dr. | Spouse: Mr. Mrs. Dr. |
| Date of Birth |  |  |
| Religion | Roman Catholic? Yes No  If “No” what denomination:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Roman Catholic? Yes No  If “No” what denomination:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sacraments Received (circle) | Baptism Confirmation Communion Matrimony | Baptism Confirmation Communion Matrimony |
| Date of Marriage (if applicable) |  |  |
| Church of Marriage, City, State |  |  |
| Occupation |  |  |
| Employer Name |  |  |

Dependent Information (Living at Home)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Birthdate | M/F | Grade | Baptized  (List Year) | Communion  (List Year) | Confirmation  (List Year) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

Please note any special needs (i.e. physically challenged, shut-ins, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_