



WELCOME TO ST. MARTIN PARISH!
REGISTRATION INFORMATION

Please return to: St. Martin Church: 7148 St. Martins Blvd, Jefferson City, MO 65109
parish@stmartinjc.org

FAMILY INFORMATION

LAST NAME – HEAD OF HOUSE _____

Suffix (circle if used) Jr., Sr., Other _____

FIRST NAME – HEAD OF HOUSE _____

Title – (circle one) Mr. & Mrs., Mr., Mrs.,

FIRST NAME –

Ms., Dr., Other _____

SPOUSE _____

NAME AS APPEARS ON _____

(example: Mr & Mrs. John Jones
 Mailing Address (if
 different) _____

MAIL: _____

STREET ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____

PRIMARY

PHONE: _____

EMAIL: _____

Wish to subscribe to the *Catholic Missourian* _____

Already subscribe to the *Catholic Missourian* _____

Previous Parish: _____

Please complete one member registration for each person in the family (including Head of House). If you have more than four (4) members in your family, please use a blank piece of paper or pick up additional forms in the back of church. Indicate if the member is not living with you (i.e. away at college).

1. MEMBER REGISTRATION: (FIRST, MIDDLE, LAST) _____

TITLE: _____ Suffix (circle if used) Jr., Sr., Other _____ MEMBER NICKNAME: _____

MAIDEN NAME: _____ DATE OF BIRTH ____/____/____ GENDER: _____

EMAIL: _____ CELL PHONE: _____

RELATIONSHIP (to Head of Household): _____ SCHOOL: _____ PRESENT GRADE: _____

EMPLOYER: _____ BUSINESS PHONE: _____ Status: Married Separated
 Divorced Widowed Single

Please fill out as much information as possible:

RELIGION: _____

Baptism: ____/____/____ 1st Communion: ____/____/____ Confirmation: ____/____/____

Location: _____ Location: _____ Location: _____

Marriage: ____/____/____ Location: _____ Marriage Blessed by Catholic Church: yes no

2. MEMBER REGISTRATION: (FIRST, MIDDLE, LAST) _____

TITLE: _____ Suffix (circle if used) Jr., Sr., Other ____ MEMBER NICKNAME: _____

MAIDEN NAME: _____ DATE OF BIRTH ____/____/____ GENDER: _____

EMAIL: _____ CELL PHONE: _____

RELATIONSHIP (to Head of Household): _____ SCHOOL: _____ PRESENT GRADE: _____

EMPLOYER: _____ BUSINESS PHONE: _____ Status: Married Separated
Please fill out as much information as possible: Divorced Widowed Single

RELIGION: _____

Baptism: ____/____/____ 1st Communion: ____/____/____ Confirmation: ____/____/____

Location: _____ Location: _____ Location: _____

Marriage: ____/____/____ Location: _____ Marriage Blessed by Catholic Church: yes no

3. MEMBER REGISTRATION: (FIRST, MIDDLE, LAST) _____

TITLE: _____ Suffix (circle if used) Jr., Sr., Other ____ MEMBER NICKNAME: _____

MAIDEN NAME: _____ DATE OF BIRTH ____/____/____ GENDER: _____

EMAIL: _____ CELL PHONE: _____

RELATIONSHIP (to Head of Household): _____ SCHOOL: _____ PRESENT GRADE: _____

EMPLOYER: _____ BUSINESS PHONE: _____ Status: Married Separated
Please fill out as much information as possible: Divorced Widowed Single

RELIGION: _____

Baptism: ____/____/____ 1st Communion: ____/____/____ Confirmation: ____/____/____

Location: _____ Location: _____ Location: _____

Marriage: ____/____/____ Location: _____ Marriage Blessed by Catholic Church: yes no

4. MEMBER REGISTRATION: (FIRST, MIDDLE, LAST) _____

TITLE: _____ Suffix (circle if used) Jr., Sr., Other ____ MEMBER NICKNAME: _____

MAIDEN NAME: _____ DATE OF BIRTH ____/____/____ GENDER: _____

EMAIL: _____ CELL PHONE: _____

RELATIONSHIP (to Head of Household): _____ SCHOOL: _____ PRESENT GRADE: _____

EMPLOYER: _____ BUSINESS PHONE: _____ Status: Married Separated
Please fill out as much information as possible: Divorced Widowed Single

RELIGION: _____

Baptism: ____/____/____ 1st Communion: ____/____/____ Confirmation: ____/____/____

Location: _____ Location: _____ Location: _____

Marriage: ____/____/____ Location: _____ Marriage Blessed by Catholic Church: yes no