



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 HOUS _____ Title – (circle one) Mr. & Mrs., Mr., Mrs.,
FIRST NAME –SPOUSE _____ Ms., Dr., Other _____
NAME AS APPEARS ON MAIL: _____ (example: Mr. & Mrs. John Jones)
STREET ADDRESS: _____ Mailing Address (if different) _____
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: ____
Status: Married Separated
EMPLOYER: _____ BUSINESS PHONE: _____ 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: _____

Status: Married Separated

EMPLOYER: _____ BUSINESS PHONE: _____

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

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: _____

Status: Married Separated

EMPLOYER: _____ BUSINESS PHONE: _____

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

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: _____

Status: Married Separated

EMPLOYER: _____ BUSINESS PHONE: _____ 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