



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 – 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: _____ CARRIER: _____

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: _____

Parish of Baptism: _____

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: _____ CARRIER: _____

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: _____

Parish of Baptism: _____

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: _____ CARRIER: _____

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: _____

Parish of Baptism: _____

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: _____ CARRIER: _____

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: _____

Parish of Baptism: _____

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