



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.,
Ms., Dr., Other _____

FIRST NAME – SPOUSE _____ (example: Mr. & Mrs. John Jones)

NAME AS APPEARS ON MAIL: _____ Mailing Address (if different) _____

STREET ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____

PRIMARY PHONE: _____ EMAIL: _____

____ I would like to receive Sunday offering envelopes?
____ I do not wish to receive Sunday offering envelopes.
(I will give electronically) 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 (Head of Household): _____

RELIGION: _____ Status: Married Separated
 Divorced Widowed Single

Marriage: ____/____/____ Location: _____

Marriage Blessed by Catholic Church: yes no

MEMBER REGISTRATION: (FIRST, MIDDLE, LAST) _____

2. 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: _____

RELIGION: _____ Status: Married Separated
 Divorced Widowed Single

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: _____

RELIGION: _____ Status: Married Separated
 Divorced Widowed Single

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: _____

RELIGION: _____ Status: Married Separated
 Divorced Widowed Single