

Registration and Affiliation Form

St. Margaret's Catholic Church

777 NE Blackwell Rd, Lee's Summit, Mo 64086 816-246-6800

Please print or type your data as completely as possible. Your completed information helps keep our pastoral records current. This information will be kept in a confidential Parish Pastoral file.

HEAD OF HOUSEHOLD

Registration Date _____

MR __ MRS __ MISS __ MS __

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

ADDRESS _____ STATE _____ ZIP _____ HOME PHONE _____

OCCUPATION _____ PLACE OF EMPLOYMENT _____ WK # _____

DATE OF BIRTH _____ CATHOLIC (Y or N) SUBDIVISION _____

MASS TIME PREFERENCE: __ NONE, SATURDAY VIGIL MASS: __ 5:00 PM, SUNDAY MASS: __ 8:00 AM, __ 10:00 AM

E-MAIL ADDRESS: _____ @ _____

I WISH TO RECEIVE THE FOLLOWING EMAILS: __NOTICES/NEWS __PRAYER REQUEST __DEATH IN THE PARISH __RELIGIOUS EDUCATION NEWS

MARITAL STATUS (CHECK AS MANY AS APPLY TO YOUR PRESENT/PERSONAL SITUATION)

MARRIED IN THE CHURCH: __ MARRIED OTHER __ SINGLE __ DIVORCED __ REMARRIED __ WIDOWER/WIDOW
IF MARRIED, anniversary date, including year of marriage _____

IF you were not married in the Church, would you be open to discussing the situation with a Priest or Pastoral staff member?

THE NAME AND CITY OF YOUR PREVIOUS PARISH: _____

WERE YOU ACTIVE IN YOUR PREVIOUS PARISH, BEYOND MASS ATTENDANCE? _____ DO YOU INTEND TO BE ACTIVE IN ST. MARGARET'S
PARISH, BEYOND MASS ATTENDANCE? _____

SPOUSE:

MR __ MRS __ MISS __ MS __

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME IF DIFFERENT _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ CATHOLIC (Y or N)

OCCUPATION _____ PLACE OF EMPLOYMENT _____ WK # _____

E-MAIL ADDRESS _____

CURRENT MARITAL STATUS (check as many as apply to your present/personal situation)

MARRIED IN THE CHURCH __ MARRIED OTHER __ SINGLE __ DIVORCED __ REMARRIED __ WIDOW __

IF you were not married in the Church, would you be open to discussing the situation with a
Priest or Pastoral staff member? _____

WERE YOU ACTIVE IN YOUR PREVIOUS PARISH, BEYOND MASS ATTENDANCE? _____ DO YOU INTEND TO BE ACTIVE IN ST. MARGARET'S
PARISH, BEYOND MASS ATTENDANCE? _____

SPECIAL ISSUES OR QUESTION

IF someone listed above is not presently Catholic, might he/she accept an invitation to our
parish inquiry sessions? _____

CHILDREN LIVING AT HOME

Children over twenty-one years of age should themselves register as an individual adult. For listing additional children, use the bottom of this page and give information as requested below.

OLDEST CHILD

FIRST NAME (AND LAST IF DIFFERENT) _____ M.I. _____

SEX ___ M ___ F DATE OF BIRTH _____ SOCIAL SECURITY # _____

SCHOOL ATTENDING _____ GRADE _____

BAPTIZED (Y or N) NAME AND CITY OF CHURCH _____

FIRST COMMUNION (Y or N) FIRST CONFESSION (Y or N) CONFIRMED (Y or N)

COMMENTS/NOTES _____

FIRST NAME (AND LAST IF DIFFERENT) _____ M.I. _____

SEX ___ M ___ F DATE OF BIRTH _____ SOCIAL SECURITY # _____

SCHOOL ATTENDING _____ GRADE _____

BAPTIZED (Y or N) NAME AND CITY OF CHURCH _____

FIRST COMMUNION (Y or N) FIRST CONFESSION (Y or N) CONFIRMED (Y or N)

COMMENTS/NOTES _____

FIRST NAME (AND LAST IF DIFFERENT) _____ M.I. _____

SEX ___ M ___ F DATE OF BIRTH _____ SOCIAL SECURITY # _____

SCHOOL ATTENDING _____ GRADE _____

BAPTIZED (Y or N) NAME AND CITY OF CHURCH _____

FIRST COMMUNION (Y or N) FIRST CONFESSION (Y or N) CONFIRMED (Y or N)

IF a child listed has not been baptized, would you welcome a call by a staff member to remedy the situation? _____

COMMENTS/NOTES:
