

Please read first.
PRINT all answers.
Answer all questions.

Drop in Sunday collection
OR mail to church office
59 Main Street
Millbury, MA 01527

ST. BRIGID CHURCH

REGISTRATION FORM

Family Surname _____ Date _____

Mailing Address _____ City _____ Zip Code _____ E-Mail Address _____

Street Address _____ City _____ ZIP Code _____ Home Phone _____

SPOUSE/SINGLE

ADULT Full Name (include Mr., Mrs., Miss, or Ms) _____ Birth Date _____

Occupation _____ Employer _____ Work Place Phone _____

Religion _____ Highest School Grade Completed _____

Catholic Sacraments Celebrated:

Baptism - Date and Place (if known) _____

Communion Reconciliation/Confession

Confirmation - Date and Place (if known) _____

SPOUSE

Full Name (include Mr., Mrs., Miss, or Ms) _____ Birth date _____ Date of Catholic Marriage _____

Occupation _____ Employer _____ Work place phone _____

Religion _____ Highest School Grade Completed _____

Catholic Sacraments Celebrated:

Baptism - Date and Place (if known) _____

Communion Reconciliation/Confession

Confirmation - Date and Place (if known) _____

CHILDREN

Full Name _____ School _____ Grade _____ Gender _____

Birth Date _____ *Catholic Sacraments Celebrated:*

Baptism - Date and Place (if known) _____

Communion Reconciliation/Confession

Confirmation - Date and Place (if known) _____

CHILDREN (continued)

Full Name _____ School _____ Grade _____ Gender _____

Birth Date _____

Catholic Sacraments Celebrated:

- Baptism - Date and Place (if known) _____
- Communion Reconciliation/Confession
- Confirmation - Date and Place (if known) _____

Full Name _____ School _____ Grade _____ Gender _____

Birth Date _____

Catholic Sacraments Celebrated:

- Baptism - Date and Place (if known) _____
- Communion Reconciliation/Confession
- Confirmation - Date and Place (if known) _____

Full Name _____ School _____ Grade _____ Gender _____

Birth Date _____

Catholic Sacraments Celebrated:

- Baptism - Date and Place (if known) _____
- Communion Reconciliation/Confession
- Confirmation - Date and Place (if known) _____

OTHER ADULT

Full Name (include Mr., Mrs., Miss, or Ms) _____ Birth Date _____

Occupation _____ Employer _____ Work Place Phone _____

Religion _____ Highest School Grade Completed _____

Catholic Sacraments Celebrated:

- Baptism - Date and Place (if known) _____
- Communion Reconciliation/Confession
- Confirmation - Date and Place (if known) _____

I would like to receive offertory envelopes

Does a shut-in live in your home? If yes, who? _____

Do you have primary care responsibility for a Catholic in an area nursing home or institution whom we should also serve? If so, who? _____

I would like to offer my gifts/talents as a: Lector Eucharistic Minister Choir Member Cantor

Religious Education Teacher Other _____