Ste. Marguerite d'Youville Parish
Registration Form

FAMILY NAME_____ TEL_____ DATE_____

E-MAIL_____ ENVELOPES ____YES ____NO

ADDRESS_____ _____ _____

STREET Apt. # TOWN ZIP

(Please circle one)

HUSBAND _____ _____ _____ Y N Y N Y N _____

FIRST NAME MIDDLE INITIAL DATE OF BIRTH RELIGION BAP F.COM CONF. OCCUPATION

WIFE _____ _____ _____ Y N Y N Y N _____

FIRST NAME MIDDLE INITIAL **MAIDEN NAME** DATE OF BIRTH RELIGION BAP F.COM CONF. OCCUPATION

(Please circle)

MARITAL STATUS: S M W D / MARRIAGE: DATE_____ PLACE _____

PLEASE LIST CHILDREN LIVING AT HOME

_____ _____ _____ Y N Y N Y N _____

FIRST NAME MIDDLE INITIAL LAST NAME IF DIFFERENT DATE OF BIRTH RELIGION BAP F.COM CONF. SCHOOL/OCCUPATION

_____ _____ _____ Y N Y N Y N _____

FIRST NAME MIDDLE INITIAL LAST NAME IF DIFFERENT DATE OF BIRTH RELIGION BAP F.COM CONF. SCHOOL/OCCUPATION

_____ _____ _____ Y N Y N Y N _____

FIRST NAME MIDDLE INITIAL LAST NAME IF DIFFERENT DATE OF BIRTH RELIGION BAP F.COM CONF. SCHOOL/OCCUPATION

_____ _____ _____ Y N Y N Y N _____

FIRST NAME MIDDLE INITIAL LAST NAME IF DIFFERENT DATE OF BIRTH RELIGION BAP F.COM CONF. SCHOOL/OCCUPATION

_____ _____ _____ Y N Y N Y N _____

FIRST NAME MIDDLE INITIAL LAST NAME IF DIFFERENT DATE OF BIRTH RELIGION BAP F.COM CONF. SCHOOL/OCCUPATION

If you have any questions with completing this form please feel free to call the office at 978-957-0322 Monday through Friday from 9am to 3pm.