



St. Mary's
CATHOLIC CHURCH
est. 1855

**ST. MARY CATHOLIC CHURCH
429 CENTRAL AVE.
SANDUSKY, OHIO 44870**

Family Registration

Registration Date: ___/___/___

Family Information:

Last Name: _____ Home Phone: _____

First Name(s) _____ & _____ Family Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Permission to publish phone, address, email in Parish Directory

Publish Phone? Y/N

Publish Address? Y/N

Publish Email? Y/N

Couple/Head of Household Information

Marital Status: _____ Married by Priest/Deacon _____ Anniversary Date ___/___/___ _____ Wedding Church/City _____
_____ Y/N _____

Head of Household (Man)

Full Name: _____ DOB: ___/___/___ Religion: _____

Baptism Y/N Catholic Y/N Date: ___/___/___ Church/City/State of Baptism _____

First Eucharist Y/N Date: ___/___/___ Church/City/State of Eucharistic _____

Reconciliation Y/N

Confirmation Y/N Date: ___/___/___ Church/City/State of Confirmation _____

Occupation: _____ Work Phone: _____

Email: _____ Year of Graduation _____ School _____

Head of Household (Woman)

Full Name _____ DOB: ___/___/___ Religion _____

Maiden Name _____

Baptism Y/N Catholic Y/N Date: ___/___/___ Church/City/State of Baptism _____

First Eucharist Y/N Date: ___/___/___ Church/City/State of Eucharistic _____

Reconciliation Y/N

Confirmation Y/N Date: ___/___/___ Church/City/State of Confirmation _____

Occupation: _____ Work Phone: _____

Email: _____ Year of Graduation _____ School _____

Children Information

Child's Full Name: _____ DOB: ___/___/___ Sex: M/F
Baptism Y/N *Catholic* Y/N Date: ___/___/___ Church/City/State of Baptism _____
First Eucharist Y/N Date: ___/___/___ Church/City/State of Eucharist _____
Reconciliation Y/N
Confirmation Y/N Date: ___/___/___ Church/City/State of Confirmation _____
School Attending _____ Present Grade Level _____
Special Needs for this child: _____

Child's Full Name: _____ DOB: ___/___/___ Sex: M/F
Baptism Y/N *Catholic* Y/N Date: ___/___/___ Church/City/State of Baptism _____
First Eucharist Y/N Date: ___/___/___ Church/City/State of Eucharist _____
Reconciliation Y/N
Confirmation Y/N Date: ___/___/___ Church/City/State of Confirmation _____
School Attending _____ Present Grade Level _____
Special Needs for this child: _____

Child's Full Name: _____ DOB: ___/___/___ Sex: M/F
Baptism Y/N *Catholic* Y/N Date: ___/___/___ Church/City/State of Baptism _____
First Eucharist Y/N Date: ___/___/___ Church/City/State of Eucharist _____
Reconciliation Y/N
Confirmation Y/N Date: ___/___/___ Church/City/State of Confirmation _____
School Attending _____ Present Grade Level _____
Special Needs for this child: _____

Child's Full Name: _____ DOB: ___/___/___ Sex: M/F
Baptism Y/N *Catholic* Y/N Date: ___/___/___ Church/City/State of Baptism _____
First Eucharist Y/N Date: ___/___/___ Church/City/State of Eucharist _____
Reconciliation Y/N
Confirmation Y/N Date: ___/___/___ Church/City/State of Confirmation _____
School Attending _____ Present Grade Level _____
Special Needs for this child: _____
