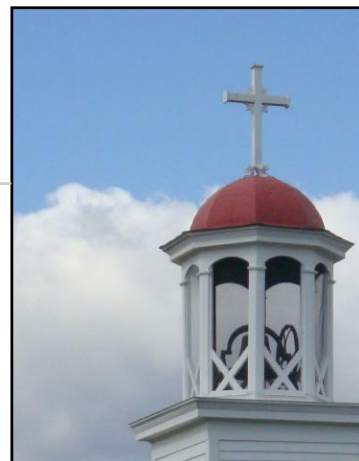


St. Mary's Mission Parish with St. Joseph's Mission

St. Mary's Mission Parish, Stevensville ~ St. Joseph's Mission, Florence
Office: 333 Charlos Street ~ Stevensville, MT 59870 ~ Phone (406) 777-5257



PARISH MEMBER REGISTRATION

We welcome you to our parish!

Please fill out this registration form and return it to the parish office.

Parish Registration Date: ___ / ___ / ___

Last Name: _____ First Name(s) _____

Mailing Name (ie: Mr. & Mrs. Jones) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone (____) _____

Family Email: _____ Stewardship Envelope # _____

Would you like contribution envelopes? Yes No (circle one)

*“Honoring
our Heritage,
Living Faith
for our Future”*

Individual Member Information

FIRST MEMBER OF HOUSEHOLD

Role: (Head of House, Husband, Wife etc.) _____

First Name: _____ Nick Name: _____

Gender: Male__Female ____ (Maiden Name) _____

DOB (mm/dd/yyyy): ___ / ___ / ___

Work Phone: (____) _____ Cell Phone: _____

Occupation/Employer: _____

Parish Member Status (Active__Inactive____)

Sacramental Information: **Baptized** Yes / No **Catholic?** Yes / No Church of Baptism _____

Dates (mm/dd/yyyy): ___ / ___ / ___

Reconciliation? Yes / No First Eucharist? Yes / No Confirmation? Yes / No

Dates (mm/dd/yyyy): ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___

Marital Status: (Single, Married, Separated, Divorced, Annulled) _____

Catholic Marriage? Yes / No Church of Marriage (name, Location) _____

If No, was this marriage a: Civil Marriage? Yes / No or Marriage in another faith? Yes / No

SECOND MEMBER OF HOUSEHOLD

Role: (Head of House, Husband, Wife, etc.) _____

First Name: _____ Nick Name: _____

Gender: Male ___ Female ___ (Maiden Name) _____

DOB (mm/dd/yyyy): ___ / ___ / ___

Work Phone: (____) _____ Cell Phone: _____

Occupation/Employer: _____

Parish Member Status (Active _____ Inactive _____)

Sacramental Information: Baptized? Yes / No Catholic? Yes / No Church of Baptism _____

Dates (mm/dd/yyyy): ___ / ___ / ___

Reconciliation? Yes / No First Eucharist? Yes / No Confirmation? Yes / No

Dates (mm/dd/yyyy): ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___

Marital Status: (Single, Married, Separated, Divorced, Annulled) _____

Catholic Marriage? Yes / No Church of Marriage (name, Location) _____

NO, was this marriage a: Civil Marriage? Yes / No or, Marriage in another faith? Yes / No

Are there any members of your household who would like to be visited by a priest?

Yes _____ please give name _____

DEPENDANT CHILDREN

1. First Name: _____ Nick Name: _____

Gender: Male ___ Female ___ (Maiden Name) _____

DOB (mm/dd/yyyy): ___ / ___ / ___

Sacramental Information:

Baptized? Yes / No Catholic? Yes / No Church of Baptism _____

Dates (mm/dd/yyyy): ___ / ___ / ___

Reconciliation? Yes / No *If yes, please give date if known:* ___ / ___ / ___

First Eucharist? Yes / No *If yes, please give date if known:* ___ / ___ / ___

Confirmation? Yes / No *If yes, please give date if known:* ___ / ___ / ___

High School Graduation Year ___ / ___ / ___ School Name _____

2. First Name: _____ Nick Name: _____

Gender: Male ___ Female ___ (Maiden Name) _____

DOB (mm/dd/yyyy): ___ / ___ / ___

Baptized? Yes / No Catholic? Yes / No Church of Baptism _____

Dates (mm/dd/yyyy): ___ / ___ / ___

Reconciliation? Yes / No *If yes, please give date if known:* ___ / ___ / ___

First Eucharist? Yes / No *If yes, please give date if known:* ___ / ___ / ___

Confirmation? Yes / No *If yes, please give date if known:* ___ / ___ / ___

High School Graduation Year ___ / ___ / ___ School Name _____

3. First Name: _____ Nick Name: _____

Gender: Male ___ Female ___ (Maiden Name) _____

DOB (mm/dd/yyyy): ___ / ___ / ___

Baptized? Yes / No Catholic? Yes / No Church of Baptism _____

Dates (mm/dd/yyyy): ___ / ___ / ___

Reconciliation? Yes / No *If yes, please give date if known:* ___ / ___ / ___

First Eucharist? Yes / No *If yes, please give date if known:* ___ / ___ / ___

Confirmation? Yes / No *If yes, please give date if known:* ___ / ___ / ___

High School Graduation Year ___ / ___ / ___ School Name _____

4. First Name: _____ Nick Name: _____

Gender: Male ___ Female ___ (Maiden Name) _____

DOB (mm/dd/yyyy): ___ / ___ / ___

Baptized? Yes / No Catholic? Yes / No Church of Baptism _____

Dates (mm/dd/yyyy): ___ / ___ / ___

Reconciliation? Yes / No *If yes, please give date if known:* ___ / ___ / ___

First Eucharist? Yes / No *If yes, please give date if known:* ___ / ___ / ___

Confirmation? Yes / No *If yes, please give date if known:* ___ / ___ / ___

High School Graduation Year ___ / ___ / ___ School Name _____

5. First Name: _____ Nick Name: _____

Gender: Male ___ Female ___ (Maiden Name) _____

DOB (mm/dd/yyyy): ___ / ___ / ___

Baptized? Yes / No Catholic? Yes / No Church of Baptism _____

Dates (mm/dd/yyyy): ___ / ___ / ___

Reconciliation? Yes / No *If yes, please give date if known:* ___ / ___ / ___

First Eucharist? Yes / No *If yes, please give date if known:* ___ / ___ / ___

Confirmation? Yes / No *If yes, please give date if known:* ___ / ___ / ___

High School Graduation Year ___ / ___ / ___ School Name _____

6. First Name: _____ Nick Name: _____

Gender: Male ___ Female ___ (Maiden Name) _____

DOB (mm/dd/yyyy): ___ / ___ / ___

Baptized? Yes / No Catholic? Yes / No Church of Baptism _____

Dates (mm/dd/yyyy): ___ / ___ / ___

Reconciliation? Yes / No If yes, please give date if known: ___ / ___ / ___

First Eucharist? Yes / No If yes, please give date if known: ___ / ___ / ___

Confirmation? Yes / No If yes, please give date if known: ___ / ___ / ___

High School Graduation Year ___ / ___ / ___ School Name _____

7. First Name: _____ Nick Name: _____

Gender: Male ___ Female ___ (Maiden Name) _____

DOB (mm/dd/yyyy): ___ / ___ / ___

Baptized? Yes / No Catholic? Yes / No Church of Baptism _____

Dates (mm/dd/yyyy): ___ / ___ / ___

Reconciliation? Yes / No If yes, please give date if known: ___ / ___ / ___

First Eucharist? Yes / No If yes, please give date if known: ___ / ___ / ___

Confirmation? Yes / No If yes, please give date if known: ___ / ___ / ___

High School Graduation Year ___ / ___ / ___ School Name _____

*We welcome you to our Parish Community!
We are grateful for your presence!
Together let us celebrate
And worship the Lord
Who saves us!*

