



St. Mary's Catholic Church National City

426 East 7th Street, National City, CA, 91950
(619) 474 - 1501

DATE: ___ / ___ / ___

New Parishioner

Parishioner Update

FAMILY LAST NAME: _____

FOR OFFICE USE ONLY

Member #: _____

Registered Date: _____

Envelop #: _____

Area: _____

Diocese: _____

STREET ADDRESS:	CITY & STATE:	ZIP CODE:	P.O BOX:
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HOME PHONE:	HOW WOULD YOU LIKE YOUR MAIL TO BE ADDRESSED? <i>(Check One)</i>
	<input type="checkbox"/> Mr. / Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. / Mrs. <input type="checkbox"/> Other: _____

CELL PHONE:	WORK PHONE:	UNL (Y) (N):	E-MAIL ADDRESS:	NUMBER OF CHILDREN AT HOME:
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MARITAL STATUS *(Check One)*: Single Married Church Married Separated Widowed Divorced / Annulment

IF MARRIED	MARRIAGE DATE:	CHURCH:	CITY:	CATHOLIC CEREMONY (Y / N):
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COMMENTS OR REMARKS:	CHURCH ATTENDANCE: <input type="checkbox"/> Frequent <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Seldom	SIGNATURE:
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	Head of Household	Spouse	Single Adults/ Child/Other	Single Adults/ Child/Other	Single Adults/ Child/Other	Single Adults/ Child/Other	Single Adults/ Child/Other
First Name							
Middle Initial							
Birth Date	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Gender							
Occupation							
Religion							
Baptism Date	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)
First Communion Date	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)
Confirmation Date	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)	___ / ___ / ___ (Y) (N) (H) (U)
Language Spoken							
School Grade							

Y - Yes | N - No | H - Here | U - Unknown

Special Needs:

If homebound, would you like to receive Eucharist?