

ST. MARY OF THE MILLS CATHOLIC CHURCH

114 St. Mary's Place, Laurel, MD 20707

Once you have completed this form please drop off at the Parish Office to
Attn: Claudia Santiago or email: admin@stmaryofthemills.org or
Mail the form to the above address. Thank you for joining our Parish.

PARISH USE ONLY

ENV. # _____

DATE: _____

NEW PARISHIONER REGISTRATION FORM

PLEASE TYPE OR PRINT ONLY

FAMILY LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ MAIN E-MAIL: _____

Please mark Y or N below:
___ Would you like to receive Donation Envelopes? OR
___ Would you like to sign up for electronic giving?

ADULT HOUSEHOLD

1. TITLE: _____ FIRST NAME: _____ MIDDLE NAME: _____

MAIDEN NAME (if applicable) _____ Gender: F _____ M _____

PLACE OF BIRTH (CITY): _____ (STATE): _____ BIRTHDAY: ___/___/___

HIGHEST LEVEL OF EDUCATION _____ OCCUPATION: _____

RELIGION: _____ E-MAIL: _____

BAPTIZED: Y N DATE: ___/___/___ CHURCH/CITY&STATE: _____

1ST EUCHARIST Y N DATE: ___/___/___ CHURCH/CITY&STATE: _____

CONFIRMATION Y N DATE: ___/___/___ CHURCH/CITY&STATE: _____

MARITAL STATUS: PLEASE CIRCLE ONE OF THE LETTERS BELOW:

NM-Not Married M-Married RM-Remarried S-Separated D-Divorced W-Widow/Widower

DATE OF MARRIAGE: ___/___/___ NAME OF CHURCH _____

CITY: _____ STATE: _____

ADULT HOUSEHOLD

2. TITLE: _____ FIRST NAME: _____ MIDDLE NAME: _____

MAIDEN NAME (if applicable) _____ Gender: F _____ M _____

PLACE OF BIRTH (CITY): _____ (STATE): _____ BIRTHDAY: ___/___/___

HIGHEST LEVEL OF EDUCATION _____ OCCUPATION: _____

RELIGION: _____ E-MAIL: _____

BAPTIZED: Y N DATE: ___/___/___ CHURCH/CITY&STATE: _____

1ST EUCHARIST Y N DATE: ___/___/___ CHURCH/CITY&STATE: _____

CONFIRMATION Y N DATE: ___/___/___ CHURCH/CITY&STATE: _____

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