

NATIVITY OF THE BLESSED VIRGIN MARY PARISH REGISTRATION FORM

Please fill in the information below to the best of your knowledge. Place in collection basket, drop off at rectory, e-mail to nativityoffice@nativityharrishill.org, or mail to 4375 Harris Hill Road, Williamsville, NY 14221. Please include copy of Baptism Certificate.

FAMILY INFORMATION PLEASE PRINT	TODAY'S DATE:	
FAMILY NAME (LAST):		
STREET ADDRESS:		
CITY/STATE/ZIP:		
HOME PHONE:	CELL PHONE:	
HEAD OF HOUSEHOLD INFORMATION		
FIRST NAME:		
		RELIGION:
BIRTHDATE: MONTH DAYY	EAR	MADE FIRST CONFESSION? YES NO
BAPTISM DATE:	— CHURCH:	CITY/STATE:
FIRST COMMUNION DATE:	CHURCH:	CITY/STATE:
CONFIRMATION DATE:	CHURCH:	CITY/STATE:
OCCUPATION:		BUSINESS PHONE:
SPOUSE INFORMATION		MAIDENNAME
	MAIDEN NAME:	
		RELIGION:
		MADE FIRST CONFESSION? YES NO
		CITY/STATE:
FIRST COMMUNION DATE:	CHURCH:	CITY/STATE:
CONFIRMATION DATE:	CHURCH:	CITY/STATE:
OCCUPATION:		BUSINESS PHONE:
MARITAL INFORMATION		
MARITAL STATUS: SINGLE M	ARRIED SEPARATED	DIVORCED WIDOWED
IF MARRIED, WAS THIS A CATHOLIC CH	IURCH MARRIAGE?: (YES NO DATE:
CHURCH:	CITY/STATE:	

CHILD INFORMATION CHILD #1 NAME: _____ \bigcap M \bigcap F BIRTHDATE: MONTH_____ DAY_____ YEAR_____ IF IN SCHOOL, CURRENT GRADE: _____ BAPTISM DATE:______CITY/STATE:_____ FIRST COMMUNION DATE: ______CHURCH: ______CITY/STATE: _____ CONFIRMATION DATE: _____ CHURCH: _____ CITY/STATE: _____ \bigcap M \bigcap F CHILD #2 NAME: BIRTHDATE: MONTH_____ DAY_____ YEAR_____ IF IN SCHOOL, CURRENT GRADE: _____ _____ CHURCH:______CITY/STATE:_____ BAPTISM DATE:____ FIRST COMMUNION DATE: ______CHURCH: ______CITY/STATE: _____ CONFIRMATION DATE: _____ CHURCH: _____ CITY/STATE: _____ Additional Children...Please add a copy of this form. PARISH/COMMUNITY INFORMATION MAY WE PUT YOUR NAME INTO THE PARISH BULLETIN "WELCOME" COLUMN? YES NO INTERESTED IN OUR FAITH FORMATION PROGRAM? YES NO INTERESTED IN NATIVITY OF MARY SCHOOL? YES NO ANY QUESTIONS? PLEASE LIST BELOW ANY CHURCH MINISTRIES OR ORGANIZATIONS YOU MAY HAVE PARTICIPATED IN: LIST BELOW ANY QUESTIONS, NEEDS, OR CONCERNS YOU WOULD LIKE US TO KNOW: WHAT IS YOUR PREFERRED FORM OF COMMUNICATION? (PHONE / TEXT / E-MAIL / MAIL) ARE YOU INTERESTED IN OUR PARISH PAY PROGRAM. ELIMINATING THE NEED FOR ENVELOPES?

Thank you! We look forward to connecting with you soon!

☐ YES ☐ NO