

St. Margaret Queen of Scotland/

St. Thomas Parish

P. O. Box 100

Albany, La. 70711

Office: 225-567-3573 Fax: 225-567-2031

Website: www.stmargaretstthomas.com

Email: stmargaretchurch@bellsouth.net

(For office use only:)

C.I.D. No. _____

D.O.E. ____/____/____

PARISH MEMBERSHIP REGISTRATION FORM

**CONFIDENTIAL INFORMATION FOR CHURCH OFFICE STAFF ONLY-NOT TO BE REPRODUCED OR DISSEMINATED FOR ANY PURPOSES!
PLEASE NOTIFY THE OFFICE OF ANY CHANGE OF INFORMATION ON THIS FORM!**

FAMILY NAME: _____ HOME PHONE (____) _____

SEND MAIL TO: _____ CELL PHONE (____) _____

(Title: Mr., Mrs., Ms., etc.)

MAILING ADDRESS: _____

(P. O. Box or Street Number & Name)

(City)

(State)

(Zip)

Email address: _____

I am _____, am not _____ officially registered in another church parish in our diocese. If yes, please name parish _____. Kindly ask their office to send St. Margaret a letter acknowledging change of parish.

HIGHLY CONFIDENTIAL: My/our marriage was _____, was not _____ blessed by a priest or deacon. If not, please see notation below regarding marriage validation.

I would like to receive personalized contribution envelopes _____ and the
(Yes/No)

_____ Catholic Commentator. (Allow six weeks for delivery.)

(Yes/No)

FAMILY INFORMATION: Please complete all information for each member of family.

| MEMBERS OF HOUSEHOLD (List first, middle & maiden names. If last name is different than family name listed above, please include this name.) | RELATIONSHIP <u>H</u> usband, <u>F</u> ather, <u>W</u> ife, <u>M</u> other, or <u>C</u> hild | DATE OF BIRTH | SEX <u>M</u> ale <u>F</u> emale | RELIGION <u>C</u> atholic <u>N</u> onCatholic <u>Q</u> -None |
|---|--|------------------|---------------------------------------|---|
|---|--|------------------|---------------------------------------|---|

#1. _____

#2. _____

#3. _____

#4. _____

#5. _____

CONTINUE...

| MARITAL STATUS Single, <u>M</u> arried, <u>D</u> ivorced <u>W</u> idowed, <u>R</u> emarried, <u>S</u> eparated | OCCUPATION (Type of work: If Yes retired or student, No please state and name school) | BAPTIZED <u>Y</u> es <u>N</u> o | CONFIRMED <u>Y</u> es <u>N</u> o | RECEIVING RELIGIOUS INSTRUCTION <u>Y</u> es(Grade)/ <u>N</u> o |
|---|--|---------------------------------------|--|---|
|---|--|---------------------------------------|--|---|

#1. _____

#2. _____

#3. _____

#4. _____

#5. _____

Please have someone contact me with regard to:

- _____ PSR-Parish School of Religion (Religious education for children)
- _____ Area schools-Holy Ghost, Mater Dolorosa, St. Joseph, St. Thomas Aquinas H.S.
- _____ Sacramental preparation for Baptism
- _____ Sacramental preparation for Marriage
- _____ Inquiry into becoming Catholic
- _____ Annulment process
- _____ Validation (blessing) of marriage