

MARY, GATE OF HEAVEN PARISH REGISTRATION

St. Mary & St. Robert Bellarmine Churches

Return To: 42 Spring Street, Windsor Locks, CT 06096

Date: _____

Telephone: (860) 623-2524 – Fax: (860) 623-5684 Email: OFFICE@STMARYSTROBERTWL.ORG

Title Ms. Miss Mrs. Mr. Mr. & Mrs.

Family Last Name _____ Home Phone _____ Cell Phone _____

Address _____ Apt # _____ Mailing Address (if different) _____

City _____ State _____ Zip _____ Email _____

Marital Status S M W D Other If Married Date _____ Where _____ Married by Priest/Deacon Minister Other _____

Maiden Name of Spouse _____ Prior Parish/City/ST _____

NAMES OF ALL HOUSEHOLD MEMBERS – INCLUDE LAST NAME IF DIFFERENT	RELIGION	RELATIONSHIP (H) Head of Household (S) Spouse (C) Child	DATE OF BIRTH (MM/DD/CCYY)	SEX M/F	BAPTISM Y/N	FIRST COMMUNION Y/N	CONFIRMED Y/N	ATTEND MASS (SEE BELOW)	OCCUPATION OR SCHOOL NAME AND GRADE

For Mass Attendance Please Indicate (A)lways, (F)requent, (O)ccasional, (S)eldom, (N)ever

Do you use Envelopes? Yes No would you like to receive Envelopes? Yes No Interested in Online Giving? Yes No

Is there anyone at home with special needs (mental or physical disability, shut-in, etc.)? Indicate Name & need: