

**St Mary Parish  
Family Registration**

46 E Main St, Wakeman, OH 44889 440 839-2023

Reg Date:

Contrib. Env.?  Env#

Mailing Name:

Home Phone:

Last Name:

Family Email:

First Name(s)

Address:

*Permission to publish phone, address, email in Parish Director*

Add2:  CARRT

Publish Phone?

Publish Address?

Publish Email?

City:  State:

Zip:  -  AreaCode:

School District:

**Couple/Head of Household Information**

Marital Status:  Married by Priest/Deacon?  Anniversary Date:  Wedding Church/City:

**Husband/Head:**

Parish Status:

Name:

DOB:

Sacramental Info: Baptized?  Catholic?   
RCIA?

Reconcil?  First Eucharist?  Confirmed?

Occupation:

Work Phone:

Email:

**Wife:**

(Maiden)

Baptized?  Catholic?   
RCIA?

Reconcil?  First Eucharist?  Confirmed?

**Children Information**

Child	Birthdate	Sex	Grad Yr	Special Needs:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> <input type="text"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/> <input type="text"/>	Reconciliation <input type="checkbox"/> <input type="text"/>	Confirmation <input type="checkbox"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Please enter the correct information where provided.