

St. Clement Mary Hofbauer Church - Registration Form

Today's Date _____

Parish Office: 1212 Chesaco Avenue, Rosedale, Md 21237 Phone: (410)686-6188 Fax: (410)686-6198

PLEASE PRINT CLEARLY

FAMILY NAME - LAST NAME ONLY

Would you like to receive
The Catholic Review ?
YES _____ **NO** _____

Would you like to receive
Church envelopes?
YES _____ **NO** _____

HOUSE NO.

STREET NAME

APT. NO.

Is a priest visit desired?
YES _____ **NO** _____
Reason for visit _____

Head of Household's Occupation
Male _____
Female _____

CITY

ZIP CODE

TELEPHONE NOS.
HOME:
WORK:
CELL:

Last name of children attending:
St. Clement School _____
Religious Education Program _____

E-MAIL ADDRESS:

| FIRST NAME & MIDDLE INITIALS | MARITAL STATUS | MARRIAGE | RELIGION |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|
| | List each family member individually living at this address in your household. Start with the head of household, then spouse, then children oldest to youngest living at home. Indicate last name only if different than family name. Please indicate male or female. | 1. Single | Mo: Day: Yr: |
| 2. Married | | 2. Other | |
| 3. Widowed | | | |
| 4. Separated | | | |
| 5. Divorced | | | |
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| SACRAMENTS RECEIVED | | | | |
|----------------------|--------------------------------|----------------------|---------------------------|------------------------------------------|
| BAPTISM YES OR NO | HOLY COMMUNION YES OR NO | PENANCE YES OR NO | CONFIRMATION YES OR NO | MARRIED BY 1. PRIEST OR 2. CIVILLY |
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