

St. Mary-Hearne PARISH REGISTRATION FORM

Last Name (head of household): _____
(Apellido) _____

First and Middle Name (Head of Household): _____
Nombre _____ Husband (Marido) _____ Wife (Esposa) _____

DOB of husband: _____ DOB of wife: _____

Address: _____
Direccion _____ Physical Address and Mailing Address _____

City _____ Texas _____ Zip Code _____

Home Phone #: _____ Cell Phone #: _____ Spouse's Cell #: _____

Email Address: _____

Would you like to receive envelopes?

Yes	No
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 Online Giving (EFT)?

Yes	No
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Emergency Contact Person: _____ Emergency Phone #: _____

Please turn to the reverse side of this form and enter your children's Information.

Children (First, Middle and Last Name):

Hijos (nombre completo incluyendo el apellido del padre) (DOB es fecha de nacimiento: mes/dia/ano)

Name:

DOB:

Name:

DOB:

Name:

DOB:

Name:

DOB:

Name:

DOB:

Name:

DOB:

Date Entered into PM/ParishSoft: _____ *Env #:* _____ *DUID:* _____