



**St. Mary Parish**  
307 N. Church St.  
Bloomfield, NM 87413

**St. Rose of Lima Parish**  
7378 US Hwy 64  
Blanco, NM 87412



Phone # (505) 632-2014  
Fax: (505) 634-0312

## MEMBER REGISTRATION FORM

Would you like to receive envelopes for your weekly donation? YES  NO

REGISTRATION FOR **ST. MARY**

REGISTRATION FOR **ST. ROSE OF LIMA**

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Family Last Name:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Head of Household Name:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

### SACRAMENTS RECEIVED

Baptism YES/NO Date: \_\_\_\_\_  
1<sup>st</sup>. Comm. YES/NO Date: \_\_\_\_\_  
Conf. YES/NO Date: \_\_\_\_\_

### SACRAMENTS RECEIVED

Baptism YES/NO Date: \_\_\_\_\_  
1<sup>st</sup>. Comm. YES/NO Date: \_\_\_\_\_  
Conf. YES/NO Date: \_\_\_\_\_

Marital Status:  Church Marriage

Name and City of Church where married: \_\_\_\_\_

Single  Divorced  Widowed  Separated  Civilly Married  Living Together

## CHILDREN INFORMATION

List Child/Children First Name(s) and Last Name (s)

**Sacraments Received** ✓  
(Please check all sacraments received)

Name: \_\_\_\_\_ School Grade: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ 1<sup>st</sup> Comm Date: \_\_\_\_\_ Conf. Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female \_\_\_\_\_

Name: \_\_\_\_\_ School Grade: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ 1<sup>st</sup> Comm Date: \_\_\_\_\_ Conf. Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female \_\_\_\_\_

## CHILDREN INFORMATION

**List Child/Children First Name(s) and Last Name (s)**

**Sacraments Received** ✓

(Please check all sacraments received)

Name: _____	School Grade: _____	Baptism Date: _____	1 <sup>st</sup> Comm Date: _____	Conf. Date: _____
Age: _____	Date of Birth: _____	Male / Female _____		

---

Name: _____	School Grade: _____	Baptism Date: _____	1 <sup>st</sup> Comm Date: _____	Conf. Date: _____
Age: _____	Date of Birth: _____	Male / Female _____		

---

Name: _____	School Grade: _____	Baptism Date: _____	1 <sup>st</sup> Comm Date: _____	Conf. Date: _____
Age: _____	Date of Birth: _____	Male / Female _____		

---

Name: _____	School Grade: _____	Baptism Date: _____	1 <sup>st</sup> Comm Date: _____	Conf. Date: _____
Age: _____	Date of Birth: _____	Male / Female _____		

---