

St. Lawrence the Martyr Parish Registration Form

Adult #1

Today's Date: _____

Last Name: _____ First: _____ Middle Name : _____

Maiden Name (if applicable): _____

Home Phone: _____

Cell Phone: _____

Street Address: _____

City: _____

Zip: _____

Religion: _____

Date of Birth: _____

Location of Birth: _____

Email Address: _____

Marital Status: Single Married Divorced Widowed Separated

Sacraments Received: Baptism Communion Confirmation

Adult #2 (if applicable)

Last Name: _____ First: _____ Middle Name : _____

Maiden Name (if applicable): _____

Home Phone: _____

Cell Phone: _____

Street Address: _____

City: _____

Zip: _____

Religion: _____

Date of Birth: _____

Location of Birth: _____

Email Address: _____

Marital Status: Single Married Divorced Widowed Separated

Sacraments Received: Baptism Communion Confirmation

Please see reverse side



Child 1

Last Name: _____ First: _____ Middle Name: _____

Gender: ___M ___F

Religion: _____

Date of Birth: _____ Location of Birth: _____ Grade: _____

Sacraments Received: ___Baptism ___Communion ___Confirmation

Child 2

Last Name: _____ First: _____ Middle Name: _____

Gender: ___M ___F

Religion: _____

Date of Birth: _____ Location of Birth: _____ Grade: _____

Sacraments Received: ___Baptism ___Communion ___Confirmation

Child 3

Last Name: _____ First: _____ Middle Name: _____

Gender: ___M ___F

Religion: _____

Date of Birth: _____ Location of Birth: _____ Grade: _____

Sacraments Received: ___Baptism ___Communion ___Confirmation

Support to your parish is very important.

There are two ways for you to contribute. Please check one:

___ I would like to receive weekly envelopes.

___ I would like to contribute through ParishSOFT Giving (Online Giving) To enroll *please go to giving.parishsoft.com or call 866-930-4774 option 6.*