REGISTRATION FORM
St. Mary Magdalene

7232 KY 56 Owensboro, KY 42301

270-771-4436 Fax: 1-866-856-7191

Date:
Last Parish attended in the Diocese of Owensboro (if applicable):

Please print clearly and fill out this form completely. Return it to the Parish Office or in an envelope in the Offertory.

Family Last Name(s):

Mailing Address:

Street Address: City/Zip:

Home Phone: ( )

Adult #1 (Head of House)	**Adult #2 (Spouse)**
First Name/Initial:	First Name/Initial:
Goes By:	Goes By:
Occupation:	Occupation:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email address:	Email address:

Marital Status:(please circle one) Single Married Divorced Widowed Separated

Date of Marriage:

PLEASE WRITE INFORMATION CLEARLY

First Name & Initial	Goes by Name (Nickname)	Relationship (Son, Daughter, Sister, Parent, Other)	Date of Birth MM/DD/YY	Religion	Baptism (Circle One)	First Eucharist (Circle One)	Confirmation (Circle One)
		Head of Household			**Y or N**	**Y or N**	**Y or N**
		Spouse			**Y or N**	**Y or N**	**Y or N**
					Y or N	**Y or N**	**Y or N**
					Y or N	**Y or N**	**Y or N**
					Y or N	**Y or N**	**Y or N**
					Y or N	**Y or N**	**Y or N**
					Y or N	**Y or N**	**Y or N**