



HMC

The Holy Mothers Collaborative

St Mary of the Sacred Heart • St. Helen, Mother of the Emperor Constantine

Collaborative Parish Registration Form

(Please check off which parish you are looking to register in)

St. Mary of the Sacred Heart

392 Hanover Street

Hanover, MA 02339

St Helen, Mother of the Emperor Constantine

383 Washington Street

Norwell, MA 02061

Family Information

Family Last Name: _____ Today's Date ____/____/____

First Name (Head of household) : _____ Nickname : _____ Maiden Name? _____

Date of Birth ____/____/____ Marital Status: (Single, Married, Separated, Divorced, etc) _____

Street Address: _____ Apt/ Suite: _____ Catholic?(yes/no): _____

City _____ State ____ Zip Code (plus 4) _____ (____)

Primary Family Email address: _____

Primary Phone # _____ Emergency Phone # _____

Emergency Phone Description (Mom's cell, etc): _____

We would like to: Give Online Receive Collection Envelopes (Office Use: Env # _____)

We would like more information about:

Parish Events Faith Formation (Gr. 1-9) Adult Faith Formation Volunteer Opportunities Ministry

Were you previously registered in a parish within the Archdiocese of Boston? If yes, please tell us where:

Previous Parish Name _____ (Town/City) _____

Additional Family Members: Member #2

First name:: _____ Nick Name: _____ Maiden Name? _____

Last Name (if different from Family last name): _____ Date of Birth ____/____/____

Role in Household (Spouse, Son, Daughter, etc) _____ Catholic:?(yes/no): _____

Marital Status: (Single, Married, Separated, Divorced, widowed): _____

Any Special Needs/Allergies we should be aware of? _____

Additional Family Members (Continued):

Member #3- Relationship to Head of Household (Spouse, Son, Daughter, etc) _____

First name:: _____ Nick Name: _____ Date of Birth ____/____/____

Last Name (if different from Family last name): _____ Catholic: (yes/no): _____

Role in Household (Spouse, Son, Daughter, etc) _____ Marital Status: (Single, Married, etc) _____

Sacraments received: Baptism? (Date/Parish Name/ City/State) _____

1st Communion ? (Date/Parish Name/ City/State) _____

Please attach or send copies (not originals) of sacramental certificates if you have them. Contact us with questions on this.

Are any Special Needs/Allergies we should be aware of: _____

Member #4- Relationship to Head of Household (Spouse, Son, Daughter, etc) _____

First name:: _____ Nick Name: _____ Date of Birth ____/____/____

Last Name (if different from Family last name): _____ Catholic: (yes/no): _____

Role in Household (Spouse, Son, Daughter, etc) _____ Marital Status: (Single, Married, etc) _____

Sacraments received: Baptism? (Date/Parish Name/ City/State) _____

1st Communion? (Date/Parish Name/ City/State) _____

Please attach or send copies (not originals) of sacramental certificates if you have them. Contact us with questions on this.

Are any Special Needs/Allergies we should be aware of: _____

Member #5- Relationship to Head of Household (Spouse, Son, Daughter, etc) _____

First name:: _____ Nick Name: _____ Date of Birth ____/____/____

Last Name (if different from Family last name): _____ Catholic: (yes/no): _____

Role in Household (Spouse, Son, Daughter, etc) _____ Marital Status: (Single, Married, etc) _____

Sacraments received: Baptism? (Date/Parish Name/ City/State) _____

1st Communion? (Date/Parish Name/ City/State) _____

Please attach or send copies (not originals) of sacramental certificates if you have them. Contact us with questions on this.

Are any Special Needs/Allergies we should be aware of: _____

Welcome to our Parish Family! For up-to-date information about the Holy Mothers Collaborative of St. Mary (Hanover) and St. Helen (Norwell) . Please visit us at www.holymothers.com or www.lifeteensmash.com.
Parish Office # (781) 826-4303 Parish fax (781) 826-5203 or email us at info@holymothers.com