

## SAINT MARY CHURCH REGISTRATION

612 E. PARK ST. • CHAMPAIGN, IL 61820 • (217) 352-8364 www.stmarycu.org

Date:

		Family Nam	e				Home Phor	ne:	_ unlisted	_
<b>W</b> 0	g Addres	s			City/State			;	Zip	
Family Status:	Single	e 🔲 Marri	ed 🔲	Date of Marriage	j:	Separated —	☐ Divo	orced	Widowed	
Adult 1					l aat l	Name of				
First Name:						Last Name: Maiden				
	f Birth:					Name: Business				
Occupation, Employer: Email address:			Phone:							
			Cell Phone:							
		Place & Year	of:		Relig	ion:				
[Y]	[N]	Baptism								
[Y]	[N]	First Communion								
[Y]	[N]	Confirmation								
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		Commination								
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## **Emergency Contact:** Closest relative or friend not living with you: Name: Relationship: Phone: Address: City: State: **Adult Children** Address Phone Name Birthday **Additional Information and Special Needs: Donation Preference:** ☐ Offering envelopes user ☐ Please contact me/us ☐ Please contact me/us to further discuss giving What can we do for you? As part of our ongoing commitment to enhance communication, we invite you to write down any thoughts, comments, or suggestions you may have for us.