



# ST. MARY OF THE IMMACULATE CONCEPTION

219 Bean Avenue  
Los Gatos, CA 95030

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www.stmaryslg.org/parish

# REGISTRATION FORM

**For Office Use Only:** (Form Revised 09/07)

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Registered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ Suffix :  Jr.  Sr.  II  III

First Name: \_\_\_\_\_ Title:  Mr.  Ms.  Mrs.  Dr.

Spouse

First Name: \_\_\_\_\_ Title:  Mr.  Ms.  Mrs.  Dr.

Currently registered at St. Mary's?  Yes  No

If Yes, do you have an Envelope # \_\_\_\_\_

If spouse is non-Catholic, does he/she wish to be registered with you?  Yes  No

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone - Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Spouse Ph. - Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

email(s): \_\_\_\_\_

<b>PUBLISH?</b> <small>FOR CHURCH PURPOSES ONLY</small>		
Address	Y	N
Phone	Y	N
Email	Y	N

**FAMILY MEMBER INFORMATION — PLEASE LIST ALL FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD. Provide dates/yr and location of sacraments received, if possible.**

	ADULT	ADULT	CHILD	CHILD	CHILD	CHILD
FIRST NAME/NICKNAME						
LAST NAME						
RELATIONSHIP						
BIRTH DATE						
FIRST LANGUAGE						
OCCUPATION/SCHOOL						
RELIGION						
BAPTIZED CATHOLIC?						
FIRST COMMUNION?						
RECONCILIATION?						
CONFIRMATION?						
MARITAL STATUS						

Use additional sheet for additional family members, if needed.