

# Parish Registration

St. Margaret Mary  
One Parish Place  
Moon Twp., PA 15108  
412-264-2573

email: [contactus@stmargaretmary-moon.org](mailto:contactus@stmargaretmary-moon.org)

## FAMILY INFORMATION

Last Name:	
Address:	
City:	
State:	
Zip Code:	
Telephone Number:	
Marriage Date:	
Maiden Name:	
Number of Children Attending Parochial School:	
Number of Children Attending CCD:	

**INSTRUCTIONS:**

- Please Print.
- All information is strictly confidential.
- Please complete all appropriate information in the areas requested.
- Complete the FAMILY INFORMATION section as it pertains to you.
- Complete the INDIVIDUAL INFORMATION section as it pertains to EACH MEMBER of your family.
- Any multiple family households please staple additional information to this form.
- Return the completed form to the parish office.

## INDIVIDUAL INFORMATION

	DESIGNATED HEAD OF HOUSEHOLD	MEMBER 2	MEMBER 3
Envelope Number:			
First Name:			
Middle Name:			
Last Name:			
Sex:(M/F)			
Marital Status: M-Married D-Divorced S-Single SP-Separated W-Widowed			
Baptized:(YES/NO)			
Religion: C-Catholic O-Other			
Birthday: Month/Day/Year			
Relationship to Head of Household:			
First Communion: (YES/NO)			
Confirmed: (YES/NO)			
Employed: (YES/NO/Retired)			
Occupation:			
Employer:			
Last School Attended:			
Highest Level of Education:			
Do you now attend CCD: (YES/NO)			
Expertise/Talent I have to offer my Parish:			

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**INDIVIDUAL INFORMATION**

	MEMBER 4	MEMBER 5	MEMBER 6
Envelope Number:			
First Name:			
Middle Name:			
Last Name:			
Sex:(M/F)			
Marital Status: M-Married D-Divorced S-Single SP-Separated W-Widowed			
Baptized:(YES/NO)			
Religion: C-Catholic O-Other			
Birthday: Month/Day/Year			
Relationship to Head of Household:			
First Communion: (YES/NO)			
Confirmed: (YES/NO)			
Occupation:			
Employed: (YES/NO/Retired)			
Occupation:			
Employer:			
Last School Attended:			
Highest Level of Education:			
Do you now attend CCD: (YES/NO)			
Expertise/Talent I have to offer my Parish:			