

**PARISH REGISTRATION**

ST. MARTIN OF TOURS, 40 SEAMAN AVENUE, BETHPAGE NY 11714 Ph. 516-931-0818 Fax 516-931-0559

**PLEASE FILL IN ALL INFORMATION AS IT APPLIES TO YOU.**

<b>Family Last Name:</b>				<b>Phone:</b>				<input type="checkbox"/>
								check if unlisted
<b>Email Address:</b>								
<b>Address</b>				<b>City</b>		<b>Zip</b>		
<b>Marital Status:</b> Single       Married       Divorced       Widowed				<b>Were you married by a priest or deacon?</b>		<b>Date of Marriage</b>		
<b>Language Spoken at Home:</b> English    Other				yes	no			
<b>PEOPLE LIVING IN HOUSEHOLD</b>								
	<b>Head</b>	<b>Spouse</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>	<b>Child</b>	<b>Other</b>	
<b>First Name</b>								
<b>Last name if different</b>								
<b>Date of Birth</b>								
<b>Sex</b>	M    F	M    F	M    F	M    F	M    F	M    F	M    F	
<b>Occupation</b>								
<b>SACRAMENTS RECEIVED</b>								
<b>Baptism</b>	yes    no	yes    no	yes    no	yes    no	yes    no	yes    no	yes    no	
<b>Penance</b>	yes    no	yes    no	yes    no	yes    no	yes    no	yes    no	yes    no	
<b>First Communion</b>	yes    no	yes    no	yes    no	yes    no	yes    no	yes    no	yes    no	
<b>Confirmation</b>	yes    no	yes    no	yes    no	yes    no	yes    no	yes    no	yes    no	
<b>EDUCATION</b>								
<b>Grade School</b>	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	
<b>High School</b>	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	
<b>College</b>	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	
<b>Masters</b>	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	yes    some    no	
<b>Other</b>								
<b>School Children Attend</b>	XXXXXX							
<b>Grade</b>	XXXXXX							
<b>CCD</b>	XXXXXX							
	yes    no	yes    no	yes    no	yes    no	yes    no	yes    no	yes    no	
<b>Is anyone in the household a shut-in?    Y    N    If so, would they like to receive Communion?    Y    N</b>								
<b>Would you like to receive weekly donation envelopes?    Y    N</b>								

**ARE YOU NEW TO THE PARISH?    Y            N**