



# ST. RICHARD OF CHICHESTER—PARISH REGISTRATION

4 BRIDGE ST., P.O.BOX 657, STERLING, MA 01564

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Please fill out this form as completely as possible. Return it to the Parish Office, or drop it in the collection basket at any Mass.

**PLEASE PRINT CLEARLY**

FAMILY REGISTRATION			
Date:		<input type="checkbox"/> New Registration	<input type="checkbox"/> Update
Family Name:			
Address:		City:	State, Zip:
Home Phone:		Cell Phone:	
Email:			
HEAD OF HOUSEHOLD INFORMATION (OR SINGLE ADULT)			
First Name:	Middle:	Last:	Maiden:
<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.	Birth Place: (Town/State)	
Ethnicity/Religion:		Occupation:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (fill in next line) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed*			
<input type="checkbox"/> Civil Ceremony <input type="checkbox"/> Church Ceremony		Date:	Church: City, State:
*(If Widowed) Deceased Name:		Date of Death:	City, State:
Baptism: Y N	Church:	Date:	
Reconciliation: Y N	Church:	Date:	
First Communion: Y N	Church:	Date:	
Confirmation: Y N	Church:	Date:	
Disabilities/Special Needs:			
SPOUSE INFORMATION (OR OTHER ADULT)			
First Name:	Middle:	Last:	Maiden:
<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.	Birth Place:(Town/State)	
Ethnicity/Religion:		Occupation:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (fill in next line) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed*			
<input type="checkbox"/> Civil Ceremony <input type="checkbox"/> Church Ceremony		Date:	Church: City, State:
*(f Widowed) Deceased Name:		Date of Death:	City, State:
Baptism: Y N	Church:	Date:	
Reconciliation: Y N	Church:	Date:	
First Communion Y N	Church	Date:	
Confirmation: Y N	Church:	Date:	
Disabilities/Special Needs:			

CHILD OR OTHERS LIVING AT HOME (Please make a mark (X) in the boxes that apply)						
Child First Name: (Last if different)	D.O.B. Where:	Baptism Where:	F. Comm. Where:	Penance Where:	Confirmation Where:	School
1.						Special Needs: Y N
2.						Special Needs: Y N
3.						Special Needs: Y N
4.						Special Needs: Y N
5.						Special Needs: Y N
6.						Special Needs: Y N
Is here anything else you would like us to know about you or your family? Is there something that the parish can do for you ?						

I understand that by becoming a member of St. Richard Parish I am called to attend Mass regularly, use my contribution envelopes, and support the parish ministries.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_