

The Parish of St. Christopher and St. Margaret Mary

130 Midland Avenue Staten Island New York 10306 - (718) 351-2452

Side 1

PARISHIONER REGISTRATION FORM

Please drop this form into the Suggestion Box, Collection Basket or at the Parish Office.
You may also Register online at: www.stcstmmsi.org/parishreg.html.
(PLEASE PRINT CLEARLY)

Family Name Date ... ____/____/____

Address Street Address Apartment No. City State Zip Code

Phone #: Home (____)____-____ Cell ... (____)____-____ E-Mail Address ...

Which church do you primarily attend? .. Language Spoken at Home ..

Would you like to receive Collection Envelopes? Yes [] No [] If you already receive a Collection Envelope, #
Would you like information regarding automated contributions (Parishpay)? .. Yes [] No [] please enter its #: #

	Name (Include Last Name if different from Family Name)	Age	Gender		Special Needs/ Homebound		Sacraments Received									
			Male	Female	Yes	No	Baptism Yes No	1 st Communion Yes No	Confirmation Yes No							
Head of Household	____	[]	[]	[]	[]	...	[]	[]	[]	[]	[]	[]
Spouse	____	[]	[]	[]	[]	...	[]	[]	[]	[]	[]	[]
Other	____	[]	[]	[]	[]	...	[]	[]	[]	[]	[]	[]
Other	____	[]	[]	[]	[]	...	[]	[]	[]	[]	[]	[]
Other	____	[]	[]	[]	[]	...	[]	[]	[]	[]	[]	[]
Other	____	[]	[]	[]	[]	...	[]	[]	[]	[]	[]	[]
Other	____	[]	[]	[]	[]	...	[]	[]	[]	[]	[]	[]
Other	____	[]	[]	[]	[]	...	[]	[]	[]	[]	[]	[]

(PLEASE COMPLETE SIDE 2)

(PLEASE PRINT CLEARLY)

Side 2

Are there any trade, professional, clerical or occupational skills that you can share and volunteer?
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Would you have any interest in participating in any of the over 40 ministries and groups within the Parish? See www.stcstmmsi.org/ministries.html for details.
Which one(s)? ..
.....
.....

Comments
.....
.....
.....

OFFICE USED ONLY
Date Received: ____/____/____
Control ID: _____