

**Church of Saint Mary**  
1347 East 49th Place  
Tulsa, Oklahoma 74105  
Office (918)749-1423  
Fax (918)747-9532



### Parish Registration Form

**Welcome to the Church of Saint Mary. To complete the registration process please fill out all pages and return it to the parish office. In four to six weeks you will begin receiving contribution envelopes and the bi-monthly publication of the Eastern Oklahoma Catholic. Additional information is available on our website: [www.churchofsaintmary.com](http://www.churchofsaintmary.com).**

*For each family member (adults & children) fill in the information below.  
There is a section for each individual in your family. Use another form if necessary.*

#### *Head of Household*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Goes By Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Title:  Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_ Suffix:  Jr.  Sr.  II  III Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home (listed/unlisted) \_\_\_\_\_ Cell (listed/unlisted) \_\_\_\_\_

E-mail Address: Home: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status:  Catholic Marriage  Married  Single  Single Parent  Separated  
 Divorced  Widow/er

Religion:  Catholic  Baptist  Episcopalian  Methodist  Presbyterian  Other \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Note: If retired, please check here , but note previous occupation and employer above.

Business Telephone: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Alumni Saint Mary School?  No  Yes, year \_\_\_\_\_

#### **Sacramental Information: Please indicate a yes or no and the date (if known) of sacraments received:**

Baptism:  Yes  No \_\_\_\_/\_\_\_\_/\_\_\_\_ Penance:  Yes  No \_\_\_\_/\_\_\_\_/\_\_\_\_

Communion:  Yes  No \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmation:  Yes  No \_\_\_\_/\_\_\_\_/\_\_\_\_

Marriage:  Yes  No \_\_\_\_/\_\_\_\_/\_\_\_\_

I(we) are moving to the Church of Saint Mary from: City/State \_\_\_\_\_ Parish \_\_\_\_\_

*(Continued on next page)*

**Spouse**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Goes By Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Title:  Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_ Suffix:  Jr.  Sr.  II  III Other \_\_\_\_\_

Cell (listed/unlisted) \_\_\_\_\_ E-mail Address: Home: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Marital Status:  Catholic Marriage  Married  Single  Single Parent  Separated  
 Divorced  Widow/er

Religion:  Catholic  Baptist  Episcopalian  Methodist  Presbyterian  Other \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Note: If retired, please check here , but note previous occupation and employer above.

Business Telephone: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Alumni Saint Mary School?  No  Yes, year \_\_\_\_\_

**Sacramental Information: Please indicate a yes or no and the date (if known) of sacraments received:**

Baptism:  Yes  No \_\_\_/\_\_\_/\_\_\_ Penance:  Yes  No \_\_\_/\_\_\_/\_\_\_

Communion:  Yes  No \_\_\_/\_\_\_/\_\_\_ Confirmation:  Yes  No \_\_\_/\_\_\_/\_\_\_

Marriage:  Yes  No \_\_\_/\_\_\_/\_\_\_

**Family position: Child/Adult Child/Other \_\_\_\_\_ (circle one)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Goes By Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Title:  Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_ Suffix:  Jr.  Sr.  II  III Other \_\_\_\_\_

Cell (listed/unlisted) \_\_\_\_\_ E-mail Address: Home: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Marital Status:  Catholic Marriage  Married  Single  Single Parent  Separated  
 Divorced  Widow/er

Religion:  Catholic  Baptist  Episcopalian  Methodist  Presbyterian  Other \_\_\_\_\_

Alumni Saint Mary School?  No  Yes, year \_\_\_\_\_

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Communion:  Yes  No \_\_\_/\_\_\_/\_\_\_ Confirmation:  Yes  No \_\_\_/\_\_\_/\_\_\_

Marriage:  Yes  No \_\_\_/\_\_\_/\_\_\_

**Family position: Child/Adult Child/Other \_\_\_\_\_ (circle one)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Goes By Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Title:  Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_ Suffix:  Jr.  Sr.  II  III Other \_\_\_\_\_

Cell (listed/unlisted) \_\_\_\_\_ E-mail Address: Home: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Marital Status:  Catholic Marriage  Married  Single  Single Parent  Separated  
 Divorced  Widow/er

Religion:  Catholic  Baptist  Episcopalian  Methodist  Presbyterian  Other \_\_\_\_\_

Alumni Saint Mary School?  No  Yes, year \_\_\_\_\_

**Sacramental Information: Please indicate a yes or no and the date (if known) of sacraments received:**

Baptism:  Yes  No \_\_\_/\_\_\_/\_\_\_ Penance:  Yes  No \_\_\_/\_\_\_/\_\_\_

Communion:  Yes  No \_\_\_/\_\_\_/\_\_\_ Confirmation:  Yes  No \_\_\_/\_\_\_/\_\_\_

Marriage:  Yes  No \_\_\_/\_\_\_/\_\_\_

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**Family position: Child/Adult Child/Other \_\_\_\_\_ (circle one)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Goes By Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Title:  Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_ Suffix:  Jr.  Sr.  II  III Other \_\_\_\_\_

Cell (listed/unlisted) \_\_\_\_\_ E-mail Address: Home: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Marital Status:  Catholic Marriage  Married  Single  Single Parent  Separated  
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Religion:  Catholic  Baptist  Episcopalian  Methodist  Presbyterian  Other \_\_\_\_\_

Alumni Saint Mary School?  No  Yes, year \_\_\_\_\_

**Sacramental Information: Please indicate a yes or no and the date (if known) of sacraments received:**

Baptism:  Yes  No \_\_\_/\_\_\_/\_\_\_ Penance:  Yes  No \_\_\_/\_\_\_/\_\_\_

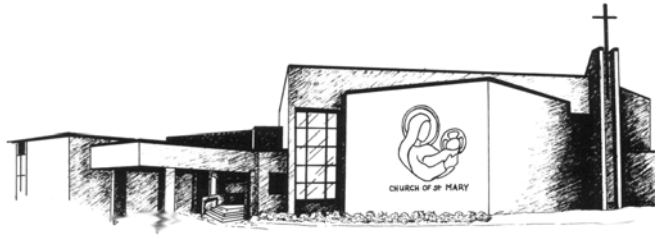
Communion:  Yes  No \_\_\_/\_\_\_/\_\_\_ Confirmation:  Yes  No \_\_\_/\_\_\_/\_\_\_

Marriage:  Yes  No \_\_\_/\_\_\_/\_\_\_

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*For additional family members please continue on another registration form.*

*(Please continue)*



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### ***Parish Involvement***

There are many opportunities for involvement at the Church of Saint Mary. Please view our website, [www.churchofsaintmary.com](http://www.churchofsaintmary.com), contact the Parish Office for additional information, or check an area below to have a representative contact you.

I (we), \_\_\_\_\_ would like to be contacted with information on:

Religious Education:       Adult       Children       Youth

Youth Ministry:       Jr. High       Sr. High

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Justice and Peace Ministry/Community Outreach | <input type="checkbox"/> Pastoral Care Ministry                      |  |
| <input type="checkbox"/> Music Ministry                                | <input type="checkbox"/> Men's Club                                  | <input type="checkbox"/> Young Married's |
| <input type="checkbox"/> Knights of Columbus                           | <input type="checkbox"/> Ladies Auxiliary of the Knights of Columbus |  |
| <input type="checkbox"/> Liturgical Ministry                           | <input type="checkbox"/> Greeter at Mass                             | <input type="checkbox"/> Other _____     |

Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use:

- Letter     Phone Call     Computer     Envelopes     Diocese     Organizations

NOTES: