



**St. Mary Mother of God Church**  
**Family Registration**  
**1101 S. Lafayette St., Fort Wayne, IN 46802 (260)424-8231**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ (head of household mailing)  
 Formal Name: \_\_\_\_\_ Female (head of household) full maiden name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Phone Number (home) (cell): \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_  
 Family Email: \_\_\_\_\_ Online Giving: YES NO Envelope Giving: YES NO

**Individual Member Information (PRINT)**

Role: (Husband, Wife, or Single household)  
 Father Name: \_\_\_\_\_  
 Gender: Male  
 Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Contact: (cell) (landline) \_\_\_\_\_  
 First Language: \_\_\_\_\_  
 Occupation and Employer \_\_\_\_\_

**Sacraments:**

Baptism Date & Place: \_\_\_\_\_  
 First Eucharist Date & Place: \_\_\_\_\_  
 Confirmation Date & Place: \_\_\_\_\_  
 Marriage(s) Date & Place: \_\_\_\_\_  
 Valid Catholic Marriage: YES NO

**Individual Member Information (PRINT)**

Mother Name: \_\_\_\_\_  
 Gender: Female Full Maiden Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Contact: (cell) (landline) \_\_\_\_\_  
 First Language: \_\_\_\_\_  
 Occupation and Employer \_\_\_\_\_

**Sacraments:**

Baptism Date & Place: \_\_\_\_\_  
 First Eucharist Date & Place \_\_\_\_\_  
 Confirmation Date & Place: \_\_\_\_\_  
 Marriage(s) Date & Place: \_\_\_\_\_  
 Valid Catholic Marriage: YES NO

**Other People Living in Household Information (PRINT)**

- |    |                    |                           |               |                  |
|----|--------------------|---------------------------|---------------|------------------|
| 1. | Full Name: _____   | Relationship: _____       | Gender: _____ | Birthdate: _____ |
|    | Sacrament: BAPTISM | 1 <sup>ST</sup> EUCHARIST | CONFIRMATION  |                  |
|    | Date: _____        | Date: _____               | Date: _____   |                  |
|    | Church: _____      | Church: _____             | Church: _____ |                  |
|    |                    |                           |               |                  |
| 2. | Full Name: _____   | Relationship: _____       | Gender: _____ | Birthdate: _____ |
|    | Sacrament: BAPTISM | 1 <sup>ST</sup> EUCHARIST | CONFIRMATION  |                  |
|    | Date: _____        | Date: _____               | Date: _____   |                  |
|    | Church: _____      | Church: _____             | Church: _____ |                  |
|    |                    |                           |               |                  |
| 3. | Full Name: _____   | Relationship: _____       | Gender: _____ | Birthdate: _____ |
|    | Sacrament: BAPTISM | 1 <sup>ST</sup> EUCHARIST | CONFIRMATION  |                  |
|    | Date: _____        | Date: _____               | Date: _____   |                  |
|    | Church: _____      | Church: _____             | Church: _____ |                  |

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**Other People Living in Household Information Continued... (PRINT)**

4. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Sacrament: BAPTISM 1<sup>st</sup> EUCHARIST CONFIRMATION  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Church: Church: Church:

5. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Sacrament: BAPTISM 1<sup>st</sup> EUCHARIST CONFIRMATION  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Church: Church: Church:

6. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Sacrament: BAPTISM 1<sup>st</sup> EUCHARIST CONFIRMATION  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Church: Church: Church:

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7. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Sacrament: BAPTISM 1<sup>st</sup> EUCHARIST CONFIRMATION  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Church: Church: Church:

8. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Sacrament: BAPTISM 1<sup>st</sup> EUCHARIST CONFIRMATION  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Church: Church: Church:

9. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Sacrament: BAPTISM 1<sup>st</sup> EUCHARIST CONFIRMATION  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Church: Church: Church:

Please let us know how the church may minister to your family. List any needs of your family on this form. We welcome you to St. Mary Mother of God Church and Soup Kitchen. Any future family personal information changes, please contact the parish office.

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Yours in Christ,

St. Mary Mother of God Parish Staff

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