

- Check here if address has changed  
 Check here if phone number has changed

**St. Mary  
 Faith Formation Registration  
 127 N. Monroe St., Monroe, MI 48162  
 (734) 241-6097**

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Family email: \_\_\_\_\_  
 To whom and with what title should mail be addressed? \_\_\_\_\_  
 Address Number \_\_\_\_\_ Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
 In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Father: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Mother: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Name of Parish where you are registered: \_\_\_\_\_ Envelope Number: \_\_\_\_\_

Child's Full Name (last name if different from family name)	Gender	Birth Date	Grade	School	Religion (Roman Catholic, Eastern Catholic, Orthodox, other)	Baptism Place/Date **baptism record must accompany the initial registration	First Eucharist Place/Date	Confirmation Place/Date

Please specify any special needs such as medical/learning, etc. \_\_\_\_\_ Where did child(ren) participate in Faith Formation last year if not at our parish? \_\_\_\_\_

**Please check all that apply:**

- 2 parents at home
- Married Date \_\_\_\_\_
- Location (church) \_\_\_\_\_
- Divorced/separated
- Divorced/remarried
- Single
- Child(ren) living with MOM or DAD
- Child(ren) with adult other than parent
- Mother deceased
- Father deceased

Name and religion of step-parent: \_\_\_\_\_

Name and address if mail should also go to non-custodial parent: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Office use only  
 Amount due: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  
 Check #: \_\_\_\_\_ M.O.#: \_\_\_\_\_ Cash: \$ \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_