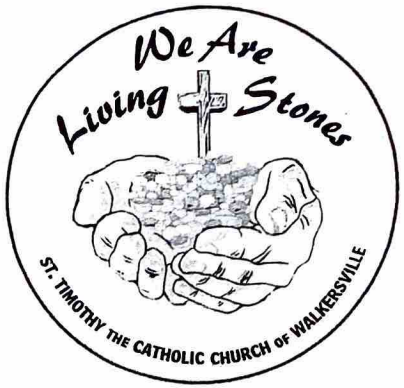
ST. TIMOTHY PARISH REGISTRATION FORM



Family Name _____ Date _____
Street Address _____ PO Box _____
City _____ State _____ E-mail _____
Zip _____ Telephone Number _____ Unlisted? Y/ N

* Would you like to signup for automatic giving? Yes _____ No _____
* If not, do you wish to receive offertory envelopes? Yes _____ No _____
* Do you wish to have assistance getting married in the Church? Yes _____ No _____
* Do you need to enroll your children in Christian Formation? Yes _____ No _____
* Would you like to be contacted about completing the sacraments? Yes _____ No _____

For each person living at this address:			Please "X" all sacraments received:				Contact Information
	Date of Birth	Gender	Baptism	Reconciliation	Communion	Confirmation	
Name:_____ Marital Status: _____ Occupation: _____	___/___/___ MM/DD/YY	M or F (circle one)					Cell:_____ email address: _____
Name:_____ Marital Status: _____ Occupation: _____	___/___/___ MM/DD/YY	M or F					Cell:_____ email address: _____
Name:_____ Grade in School:_____	___/___/___ MM/DD/YY	M or F					Cell:_____ email address: _____
Name:_____ Grade in School:_____	___/___/___ MM/DD/YY	M or F					Cell:_____ email address: _____
Name:_____ Grade in School:_____	___/___/___ MM/DD/YY	M or F					Cell:_____ email address: _____
Name:_____ Grade in School:_____	___/___/___ MM/DD/YY	M or F					Cell:_____ email address: _____
Name:_____ Grade in School:_____	___/___/___ MM/DD/YY	M or F					Cell:_____ email address: _____

Please return to St. Timothy Parish Office, 8651 Biggs Ford Rd, Walkersville, MD 21793 or drop into the collection basket at Mass.

Welcome to St. Timothy! We are glad you are here!

FOR OFFICE USE:
Envelope #_____
Registration #_____

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Family Name _____ Date _____
Street Address _____ PO Box _____
City _____ State _____ E-mail _____
Zip _____ Telephone Number _____ Unlisted? Y/ N

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Name: _____ Marital Status: _____ Occupation: _____	___/___/___ MM/DD/YY	M or F					Cell: _____ email address: _____
Name: _____ Grade in School: _____	___/___/___ MM/DD/YY	M or F					Cell: _____ email address: _____
Name: _____ Grade in School: _____	___/___/___ MM/DD/YY	M or F					Cell: _____ email address: _____
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