

Assumption of the Blessed Virgin Mary Parish

3516 E. Monroe Road
Midland, MI 48642-8824

Parish Phone: (989) 631-4447
Faith Formation Phone: (989) 835-3133
Fax: (989) 835-9722
Email: assumption@assumptionmidland.org

Welcome New Parishioner!

**Please find attached our parish registration form. Please complete all applicable boxes and return with this letter to the parish secretary.
Thank you!**

1. Would you like a meeting with the pastor?

YES _____ **NO** _____

2. Would you like a welcome visit?

YES _____ (Please check one of the following if "yes".)

At my home _____ **At church** _____

NO _____ (Please check one of the following if "no".)

_____ **I will pick up my welcome packet at the office.**

_____ **I will pick up my welcome packet at church.**

3. Comments/Questions

Please feel free to contact us if you have any questions or concerns!

Date _____

Assumption of the Blessed Virgin Mary Parish FAMILY REGISTRATION FORM

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe):

Address: Add 2:

City: State: Zip: -

Area Code: Home Phone: Emerg. Phone:

Additional information:

Env # _____
office use

Individual Member Information

(Head of Household,
Role: Husband, Wife, etc.)

MALE ADULT

FEMALE ADULT

First Name/Nickname:

Maiden Name:

DOB (mm/dd/yyyy):

Email:

Work Phone/Cell Phone:

Occupation/Employer:

Special Needs:

Ethnic Origin:

School:

Education Level:

Sacramental Info:

Baptism Catholic Other RCIA

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Reconciliation 1st Communion Confirmation

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Marital Status:

(Single, Married, Separated, Divorced, Widowed)

Married by Priest/Deacon?

Wedding Date:

Place/Church:

Celebrant Name:

City/State:

Additional Family Members/Children Information

Relationship to

Head of Household

First Name

Last Name

Gender

Birthdate
& Birthplace

Grade

School

(Son, Daughter, Mother, etc.)

1.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.

Baptism

1st Communion

Reconciliation

Confirmation

Add Date if known.

2.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.

Baptism

1st Communion

Reconciliation

Confirmation

Add Date if known.

3.

Special Needs (Allergies, Handicaps, etc.)

Check if Sacrament Received.

Baptism

1st Communion

Reconciliation

Confirmation

Add Date if known.

Please fill in all blank boxes and provide changes where they are necessary. To add additional members please use a second form.