



ST. MARY THE MOUNT R.C. CHURCH

Vocationist Fathers
 Glebe Street, WALSALL, WS1 3NX
 Email: stmary.walsall@rcaob.org.uk
 Tel. 01922 - 622633



PARISH REGISTRATION FORM

(Please note: This form should be completed by one adult from each household. Please complete the details of the other members of the family in Section B of this form, for other members of the family who live at the same address.)

Section A

Surname:																													
Christian Name:															Known as:														
Address:																													
																									Postcode:				
Title (please tick):	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other (please state)																				
Status (please tick):	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>																	
Home Telephone:																													
Ex-directory (please tick)	<input type="checkbox"/>																												
Mobile Number:																													
Keep private (please tick)	<input type="checkbox"/>																												
Email address:																													
Keep private (please tick)	<input type="checkbox"/>																												

Section B

(Please provide the details below for anyone else who lives at the above address, stating how each individual is related to the person named in Section A of this form.)

<u>Name</u>	<u>Date of Birth</u> (children only)	<u>Relationship to Person</u> <u>Named in Section A</u>	<u>Other Details</u> (if applicable)