

Immaculate Heart of Mary Catholic Church
Kelso

St. Mary Catholic Church
Castle Rock

Faith Formation Registration 2009-2010

**PARISH REGISTRATION:
(New Families Only)**

Father's Names: _____ Birth Date: _____

Religion: _____ Marital Status: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Mother's Maiden Name: _____ Birth Date: _____

Religion: _____ Marital Status: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

E-Mail: _____

Parents Children Live With: _____

Home Parish: _____

I will be joining Immaculate Heart of Mary Parish
I will be joining St. Mary Catholic Church

Yes/No
Yes/No

Children's Names	Grade:	Birth Date:	Baptism Date:	1 st Communion:	Confirmation:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____