



THE BASILICA OF
SAINT MARY
 OF THE ASSUMPTION
 MARIETTA, OHIO

506 Fourth Street
 Marietta OH 45750
 740-373-3643
 www.stmarysmarietta.org

PARISH REGISTRATION FORM

GENERAL INFORMATION

FAMILY NAME: _____ EMAIL: _____ PHONE: _____
 STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ADULT MALE

TITLE: _____ FIRST NAME: _____ MI: _____ LAST NAME: _____ SUFFIX: _____
 DATE OF BIRTH: ____ - ____ - ____ MARITAL STATUS: _____ RELIGION: _____
 MASS ATTENDANCE: (PLEASE CHECK ONE) REGULAR _____ OCCASIONAL _____ HOMEBOUND _____ NEVER _____ UNKNOWN _____
 BAPTIZED? (YES/NO) _____ FIRST COMMUNION? (YES/NO) _____ CONFIRMED? (YES/NO) _____ YEARS OF EDUCATION: _____
 OCCUPATION: _____ EMPLOYER: _____ WORK PHONE: _____

ADULT FEMALE

TITLE: _____ FIRST NAME: _____ MI: _____ LAST NAME: _____ SUFFIX: _____
 DATE OF BIRTH: ____ - ____ - ____ MARITAL STATUS: _____ RELIGION: _____
 MASS ATTENDANCE: (PLEASE CHECK ONE) REGULAR _____ OCCASIONAL _____ HOMEBOUND _____ NEVER _____ UNKNOWN _____
 BAPTIZED? (YES/NO) _____ FIRST COMMUNION? (YES/NO) _____ CONFIRMED? (YES/NO) _____ YEARS OF EDUCATION: _____
 OCCUPATION: _____ EMPLOYER: _____ WORK PHONE: _____

MARRIAGE WITNESSED BY A CATHOLIC PRIEST? (YES/NO) _____

CHILD DEPENDENT

FIRST NAME: _____ MI: _____ LAST NAME: _____ SUFFIX: _____
 DATE OF BIRTH: ____ - ____ - ____ MALE: _____ FEMALE: _____ RELIGION: _____
 MASS ATTENDANCE: (PLEASE CHECK ONE) REGULAR _____ OCCASIONAL _____ HOMEBOUND _____ NEVER _____ UNKNOWN _____
 BAPTIZED? (YES/NO) _____ FIRST COMMUNION? (YES/NO) _____ CONFIRMED? (YES/NO) _____ GRADE: _____
 SCHOOL NAME: _____

CHILD DEPENDENT

FIRST NAME: _____ MI: _____ LAST NAME: _____ SUFFIX: _____
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 SCHOOL NAME: _____

{ OVER PLEASE }

CHILD DEPENDENT

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DATE OF BIRTH: ____ - ____ - ____ MALE: _____ FEMALE: _____ RELIGION: _____
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MARITAL STATUS: _____ YEARS OF EDUCATION: _____

Please return completed form to the Parish Office.