St. Clement Mary Hofbauer Church Registration Form

Today's Date:		

Parish Office: 1212 Chesaco Avenue, Rosedale, MD 21237 Phone: 410-686-6188 Fax: 410-686-6198

PLEASE PRINT CLEARLY

FAMILY NAME - LAST NAME ONLY								EMA	WOULD YOU LIKE TO RECEIVE THE CATHOLIC REVIEW? Yes No												
	HOUSE NUMBER STREET NAME				AI			Household													
								MALE:						FEMALE:							
	CITY	ZIP CODE		ONE NUMBER	S		Ethni	city (opt	ional):	n):											
			Home:					Ameri	can Indi	an	_ H	ispan	nic/La	atino .		_ Asi	an		Othe	r	
			Cell:					Black	/African	Americ	an _		_ Whi	ite/Ca	aucas	ian _		Pac	ific Is	slander	
														SAC	RAN	IENT	S RI	ECE [°]	IVEI)	
	FIRST NAME & MIDDLE INITIALS M S				MARRIAGE	RELIGION		DATE OF BIRTH				Yes or No									1. Ma
	List each family member living at this address in your household. Start with head of household, then spouse, then children oldest to youngest. Indicate last name if different, maiden name and sex.			 Single Married Widowed 	mo/day/yr	1.CATHOLIC		Month Day Yr					3	No	Holy Communion	Z O	ce	No No	Confirmation	2. Married Civilly	1. Married By Priest
	last name if different	r, maiden name and se	ex.	4. Separated 5. Divorced		2. OTHER														y	riest
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