



St. Mary Magdalen Catholic Church

8517 7th Avenue SE , Everett WA 98208-2044
425-353-1211 – FAX: 425-348-0458 – www.smmparish.org

All information will be kept confidential.
Please return completed form to parish office
or place in collection basket at Mass
Please PRINT

Parish Registration

For office use

St. Mary Magdalen or St. John Mission

New Registration Update Registration

Today's Date: _____

Family (Last) Name: _____ Home Phone: (____)____-____ Other Phone: (____)____-____

Home Address: _____ Apt. #: _____ City: _____ State: WA Zip Code: _____

Mailing Address (if different): _____ City: _____ State: WA Zip Code: _____

| | | |
|--|--|--|
| Male Head of Household Full legal name: _____ Date of Birth: ____/____/____ <small>First Middle Last M D Y</small> Email: _____ Cell phone: _____ Occupation: _____ Religion: _____ Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> First Communion | | Marital Status: <input type="checkbox"/> Married ____ by a Priest or Deacon ____ civilly married <input type="checkbox"/> Single/ Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Widowed <input type="checkbox"/> Separated |
| Female Head of Household Full legal name: _____ Date of Birth: ____/____/____ <small>First Middle Last Maiden M D Y</small> Email: _____ Cell phone: _____ Occupation: _____ Religion: _____ Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> First Communion | | |

| Children under 18 years living at home. Use full legal name | | | | | Sacraments: (mark "yes" if received) | | |
|---|--------|-----------------|----------|-------|--------------------------------------|---------------------------|--------------|
| First Name | Middle | Legal Last name | Birthday | Sex | Baptized | 1 st Eucharist | Confirmation |
| | | | | M / F | Yes / No | Yes / No | Yes / No |
| | | | | M / F | Yes / No | Yes / No | Yes / No |
| | | | | M / F | Yes / No | Yes / No | Yes / No |
| | | | | M / F | Yes / No | Yes / No | Yes / No |
| | | | | M / F | Yes / No | Yes / No | Yes / No |
| | | | | M / F | Yes / No | Yes / No | Yes / No |
| | | | | M / F | Yes / No | Yes / No | Yes / No |

| | |
|--|---|
| Contribution Information: (choose one) _____ Please send me information on Electronic giving _____ I would like to receive contribution envelopes | Additional Information Are you an adult who needs information about Baptism, First Communion or Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you have a child older than 7 you want baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No |