St. Mary on the Hill Catholic Church 1420 Monte Sano Ave., Augusta, GA 30904 (706)733-6627

CHURCH REGISTRATION FORM

Please Print <u>CLEARLY</u>	Date:	Envelope #	(Office use only)	
Last Name:	Address:	Address:		
City:State: _	Zip:	Home Phone:		
E-Mail Address:		(for re	ceiving Parish information)	
Couple/Head of Household	I Information:			
Marital Status: N		Married by	Priest/Deacon? Yes / No	
Head of Household:	Spouse	:		
Dr. Mr. Mrs. Ms. Miss	Dr. Mrs	Dr. Mrs. Ms.		
Full Name:	Full Nam	Full Name:		
Maiden Name:	Maiden N	Maiden Name:		
Date of Birth:	Date of E	Date of Birth:		
Religion:	Religion:			
Baptized: Yes / No	Baptized:	Baptized: Yes / No		
1st Eucharist: Yes / No	1st Eucha	1st Eucharist: Yes / No		
Confirmation: Yes / No	Confirma	Confirmation: Yes/No		
Place of Business	Place of 1	Place of Business		
Occupation:		Occupation:		
Work Phone:		Work Phone:		
Cell Phone:	Cell Phor	Cell Phone:		
Children in Household Info	rmation (If over 25	register separately please)		
Please be sure to give last nam				
Full Name:	Full Nam	Full Name:		
Male: Female:		Male: Female:		
Date of Birth:				
Religion:		Religion:		
Baptized: Yes / No		Baptized: Yes / No		
1st Eucharist: Yes / No		1st Eucharist: Yes / No		
Confirmation: Yes / No	Confirma	ation: Yes/No		
Full Name:	Full Nam	ne:		
Male: Female:		Male: Female:		
Date of Birth:				
Religion:		Religion:		
Baptized: Yes / No	Baptized	Baptized: Yes / No		
1st Eucharist: Yes / No	1st Eucha	1 _{st} Eucharist: Yes / No		
Confirmation: Yes / No	Confirma	Confirmation: Yes/No		

PLEASE ENTER ADDITIONAL CHILDREN ON REVERSE