

# St. Ignatius Church – Parishioner Registration

Family ID

**PLEASE NOTE: All information is kept CONFIDENTIAL**

*Enter information below for ALL ADULT members of the household.  
If you wish to receive your mail individually, please fill out a separate form.  
Please provide information on children on the back of this form.*

**Mailing Address:** (Please Print All Information)

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Name:** \_\_\_\_\_

*(PLEASE PRINT: Enter Last Name – First Name – Middle Name or Initial)*

Nickname/Preferred Name: \_\_\_\_\_

E-Mail \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Head of Household Relationship to Head of Household: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married  Widowed  Separated  Divorced

Date Married: \_\_\_\_\_ Married by priest/deacon:  Y  N

Ethnic Background:  African American  Caucasian  Asian  African  
 Hispanic  Native American  \_\_\_\_\_

Check Sacraments Received:  Baptism  Communion  Confirmation

Level of Education:  High School  College Graduate  Professional

Occupation: \_\_\_\_\_  Retired

Employer: \_\_\_\_\_

Hobbies/Talents: \_\_\_\_\_

Last Parish Attended: \_\_\_\_\_

**Mass Preference** (service you normally attend):

**Sat:**  4:30pm **Sun:**  8:00am  9:00am  9:30am  10:30am  6:00pm

I usually attend Mass  Weekly  Monthly  Occasionally

I am homebound  Please contact me regarding visitation

**Name:** \_\_\_\_\_

*(PLEASE PRINT: Enter Last Name – First Name – Middle Name or Initial)*

Nickname/Preferred Name: \_\_\_\_\_

E-Mail \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Head of Household Relationship to Head of Household: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married  Widowed  Separated  Divorced

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I usually attend Mass  Weekly  Monthly  Occasionally

I am homebound  Please contact me regarding visitation

**Minor Children:**

Please enter the information requested below for each minor child (under 18). Check the sacraments each child has received.

Name: \_\_\_\_\_

Gender:  Boy  Girl

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptism  Communion  Confirmation

School Attending: \_\_\_\_\_

Name: \_\_\_\_\_

Gender:  Boy  Girl

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptism  Communion  Confirmation

School Attending: \_\_\_\_\_

Name: \_\_\_\_\_

Gender:  Boy  Girl

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptism  Communion  Confirmation

School Attending: \_\_\_\_\_

Name: \_\_\_\_\_

Gender:  Boy  Girl

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptism  Communion  Confirmation

School Attending: \_\_\_\_\_

**New Parishioner  
Registration Form**

**St. Ignatius Church**

**740 N. Calvert Street  
Baltimore, Maryland 21202**

**Phone: 410.727.3848**

**Fax: 410.837.8883**

**Email: parish@st-ignatius.net**

**Website: www.st-ignatius.net**

**Please deposit this form in the  
collection basket or mail to:**

**St. Ignatius Parish Office  
805 N. Calvert Street  
Baltimore, MD 21202**

**Contact Information:**

The parish will not disclose or share your contact information with anyone without your permission. Please indicate below the information that may be shared with other parishioners (only).

I give my permission for St. Ignatius Parish to provide contact information to fellow parishioners as indicated below:

Name Yes \_\_\_ No \_\_\_

Address Yes \_\_\_ No \_\_\_

Home Phone Yes \_\_\_ No \_\_\_

Work Phone Yes \_\_\_ No \_\_\_

E-mail Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_