

# St. Mary's Catholic Church

REGISTRATION FORM  
 St. Mary's Catholic Church  
 580 I. Street  
 David City, NE 68632  
 402-367-3579 - Telephone  
 Rev. Jay Buhman -Pastor  
 Rev. Carson Kain-Assistant  
 stmarysdavidcity.org

## New Parishioner/Re-Registration Form

Thank you for registering and  
 Welcome to our community!

### Office Use Only

Date Registered \_\_\_\_\_  
 Envelope No. \_\_\_\_\_  
 ENCOUNTER \_\_\_\_\_  
 School \_\_\_\_\_  
 Entered in PS \_\_\_\_\_  
 Entered in Book \_\_\_\_\_

Please complete the applicable information and return to the parish office, school office, collection basket or send as an attachment to [stmarysdavidcity@gmail.com](mailto:stmarysdavidcity@gmail.com)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse \_\_\_\_\_ Mr. & Mrs. Ms, Miss, Dr., Dr./Mrs., Dr./Mr.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Unlisted? \_\_\_\_\_

Business Phone# (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

Home Email (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

Work Email (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

Children at home? Yes \_\_\_\_\_ How many? \_\_\_\_\_ No \_\_\_\_\_

Marital Status: Catholic Marriage, Married, Single, Widowed, Separated, Divorced, Annulled

	Head of Household	Spouse	Other/Child	Child	Child
First Name					
Maiden Name for Wife					
Marital Status					
Religion					
Languages Spoken					
Occupation					
Special Needs					
School Family? Yes or no					
Religious Education? Yes or no					
Male or Female					
Birthdate (mo/day/year)					
Sacraments received: Dates & Place					
Baptism					
Reconciliation					
First Communion					
Confirmation					
Marriage					

Office Use: \_\_\_\_\_ Parish Guide \_\_\_\_\_ Welcome Letter \_\_\_\_\_ Prev.reg \_\_\_\_\_ Envelopes \_\_\_\_\_ e-giving