



St. Anne's Parish

130 BOSTON TURNPIKE  
SHREWSBURY, MASSACHUSETTS 01545

## Member Registration Form

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

Circle one: Mr. and Mrs. Mr. Mrs. Miss Ms. Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street & Apt. # if any City State Zip

Mailing Address (if different from above): \_\_\_\_\_

Would you like to receive envelopes? \_\_\_\_\_ YES \_\_\_\_\_ NO

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Cell

2. Other Adult Member (if any) First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Circle one: Mr. and Mrs. Mr. Mrs. Miss Ms. Date of Birth: \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_  
Home Cell

### Member #1:

Roman Catholic: yes no If no, what is your religion? \_\_\_\_\_

Dates of: Baptism \_\_\_\_\_ 1<sup>st</sup> Communion \_\_\_\_\_ Confirmation: \_\_\_\_\_

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

### Member #2:

Roman Catholic: yes no If no, what is your religion? \_\_\_\_\_

Dates of: Baptism \_\_\_\_\_ 1<sup>st</sup> Communion \_\_\_\_\_ Confirmation: \_\_\_\_\_

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

Ministry(ies) in which you'd like to participate: \_\_\_\_\_

Special Skills or Talents: \_\_\_\_\_

### Children at Home

Name	M/F	D.O.B.	Catholic?	Date of Baptism	Date of 1 <sup>st</sup> Communion	Date of Confirmation
------	-----	--------	-----------	-----------------	-----------------------------------	----------------------

\_\_\_\_\_

\_\_\_\_\_

Would you like to receive announcements to your cell phone, email, or both?

Circle one Cell Email Both