

# ALL SAINTS PARISH Registration Form

OLQP    St. Ambrose    St Charles Borromeo    St John the Baptist    St. Mary    St Patrick

<b>Date</b> _____	<b>Seasonal parishioner from</b> _____ <b>to</b> _____	(please provide 2 <sup>nd</sup> address & phone number on reverse side)
<b>Address</b> _____		
Street	City	Zip Code

Please list only those residing in this household

**Male:**      Please Print      circle: Mr. Dr.      Date of Birth      Religion      If you have received this sacrament, please put date or check mark, otherwise leave blank

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_      Cell # \_\_\_\_\_      E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

**Female:**      Please Print      circle: Miss Mrs. Dr. Ms.      Date of Birth      Religion      If you have received this sacrament put date or check mark, otherwise leave blank

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_      Cell # \_\_\_\_\_      E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

**Children:      18 or younger**      Date of Birth      Religion      Baptism      1<sup>st</sup> Comm.      Confirmation      If you have received this sacrament please put date or check mark, otherwise leave blank

\_\_\_\_\_ F/M      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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

\_\_\_\_\_ F/M      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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

\_\_\_\_\_ F/M      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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

\_\_\_\_\_ F/M      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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

\_\_\_\_\_ F/M      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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

\_\_\_\_\_ F/M      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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

Would you like to receive offertory envelopes?    Yes, please    No, thank you      Would you like information regarding Electronic Giving?    Yes, please    No, thank you

FOR OFFICE USE ONLY: ID # \_\_\_\_\_      Envl. # \_\_\_\_\_      Updates \_\_\_\_\_

OVER

Last Name:

Please provide 2<sup>nd</sup> address information if you are a seasonal parishioner.

2<sup>nd</sup> Address \_\_\_\_\_  
Mailing Address City, State Zip Code

2<sup>nd</sup> Telephone: Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2<sup>nd</sup> Email: \_\_\_\_\_

This address may be used from \_\_\_\_\_ to \_\_\_\_\_

**If you receive envelopes, would you like them mailed to your 2<sup>nd</sup> address while you are there?  Yes, please  No, thank you**

For any questions, parish information or Mass schedules, we welcome you to contact our Main Office at (207) 725-2624 or email us at [allsaints@portlanddiocese.org](mailto:allsaints@portlanddiocese.org). We also invite you to visit our website at [www.allsaintsmaine.com](http://www.allsaintsmaine.com).

***Thank you and welcome to All Saints Parish!***