

New Members: We welcome you and invite you to complete the membership form below.

PARISH MEMBERSHIP FORM

****PLEASE PRINT LEGIBLY****

(PLEASE CIRCLE ONE)

M/M, Mr., Ms. Name _____ Date Of Birth _____

SPOUSE'S NAME _____ Date Of Birth _____

ADDRESS _____ CITY _____ ZIP _____

PHONE** _____ PHONE** _____

CHILDREN: NAMES & BIRTHDATES:

PLEASE CIRCLE ONE PARISH:

ST. MARTIN

ST JOSEPH

PLEASE CIRCLE ALL THAT APPLY:

NEW REGISTRATION

WANTS ENVELOPES

CHANGE OF ADDRESS

MOVING

ST. MARTIN PARISH REGISTRATION

125 S. Ligonier St.

Derry PA 15627

724-694-5359

FAMILY NAME _____

TODAY'S DATE _____

HEAD OF HOUSE _____ SPOUSE _____ WIFE'S MAIDEN NAME _____

MAILING ADDRESS _____

TELEPHONES HOME _____ WORK _____ CELL _____ CELL _____

	BIRTHDATE	BAPTISM PLACE & DATE	1 ST EUCHARIST PLACE & DATE	CONFIRMATION DATE & PLACE	MARRIAGE DATE & PLACE
HEAD					
SPOUSE					
CHILD 1					
CHILD 2					
CHILD 3					
CHILD 4					
CHILD 5					
CHILD 6					

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