

**Parish Registration Form**  
**Annunciation—St. Mary's , Shumway, IL**

Mailing Address • c/o Donna Davis PO Box 96 • Shumway, IL 62461

Phone: (844) 536-6514

Parish email: stmarysshumway@gmail.com

Website – www.stmarysshumway.org

IMPORTANT: The information you provide will be for church use only.

Family Name and Salutation: \_\_\_\_\_

Resident Address: Street: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

His Cell Phone #: \_\_\_\_\_ His E-mail Address: \_\_\_\_\_

Her Cell Phone #: \_\_\_\_\_ Her E-mail Address: \_\_\_\_\_

Home phone # : \_\_\_\_\_

**Head of Household**

**Spouse**

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

Middle Name \_\_\_\_\_

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

Maiden Name \_\_\_\_\_

Gender (Male or Female) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Religion \_\_\_\_\_

Baptized Catholic (Yes or No) \_\_\_\_\_

Church, City & State of Baptism \_\_\_\_\_

First Confession (Yes or No) \_\_\_\_\_

First Communion (Yes or No) \_\_\_\_\_

Confirmation (Yes or No) \_\_\_\_\_

Marital Status: Married/Single/Widowed/Divorced) \_\_\_\_\_

Place of Marriage \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Is your marriage valid according to  
Catholic Church? (Yes/ No) \_\_\_\_\_

If Divorced, was marriage annulled  
by the Church? (Yes or No) \_\_\_\_\_

Please complete for all children living at home

	<u>First Child</u>	<u>Second Child</u>	<u>Third Child</u>
First Name	_____	_____	_____
Middle Name	_____	_____	_____
Last Name	_____	_____	_____
Gender	_____	_____	_____
Date of Birth	_____	_____	_____
Place of Birth	_____	_____	_____
Baptized Catholic (Yes or No)	_____	_____	_____
Church, City & Sate of Baptism	_____	_____	_____
First Confession (Yes or No)	_____	_____	_____
First Communion (Yes or No)	_____	_____	_____
Confirmation (Yes or No)	_____	_____	_____
	<u>Fourth Child</u>	<u>Fifth Child</u>	<u>Sixth Child</u>
First Name	_____	_____	_____
Middle Name	_____	_____	_____
Last Name	_____	_____	_____
Gender	_____	_____	_____
Date of Birth	_____	_____	_____
Place of Birth	_____	_____	_____
Baptized Catholic (Yes or No)	_____	_____	_____
Church, City & Sate of Baptism	_____	_____	_____
First Confession (Yes or No)	_____	_____	_____
First Communion (Yes or No)	_____	_____	_____
Confirmation (Yes or No)	_____	_____	_____

List below your children attending college and living away from home but still have a permanent residence at your home.

Include name and if they have received the baptism, confirmation and eucharist.

(Upon graduation the individual should contact the church and fill out their own individual form (even if their residency is still with parent.)

Does anyone in the household have special needs? Who? (example: homebound, nursing home, blind, deaf, etc.)

**Important Note Regarding Your Parish Records:**

Thank you for taking the time to fill out the registration form. As changes occur in your family that affect the information you have provided on this form, please let us know, so that we may keep your records complete and up-to-date.