



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 _____ 1st Communion _____ Confirmation: _____

Occupation: _____

Member #2:

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

Dates of: Baptism _____ 1st 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 st Communion	Date of Confirmation