

Membership Registration
St. Mary's Parish, PO Box 278, Waverly, MN 55390

Last Name: _____

Phone: _____

Address: _____

Cell: _____

Email: _____

<i>First Name</i>	<i>Gender</i>	<i>Birthdate</i>	<i>Religion</i>	<i>Date of Baptism</i>	<i>Date of Confirmation</i>	<i>Employer/ Occupation</i>	<i>School/Grade</i>
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Head of Household

Spouse

I would like a parish representative to contact me regarding: Volunteer Opportunities: _____

Groups/Activities: _____

Other: _____

Office Use Only:		
CIR ____	CMS ____	BUL ____
JAL ____	ENV ____	