Santium noman cius	Saint Luke the Evangelist Parish Holy Angels Church, Plaistow Mary, Mother of the Church, Newton 8 Atkinson Depot Road Plaistow, NH 03865 Tel: 603-382-8324 Fax: 603-382-1113 jtremblay@stluketheevangelist.net				FOR OFFICE USE ONLY ID No.: Date:
PLEASE PRINT:		PARISH REGISTR	ATION FORM		
LAST NAME	HOME	E PHONE	WORK PHONE(S)		
MAILING ADDRESS		HO	OME ADDRESS		
Marital Status (please check one) Married Single Separated Widowe By Whom (Priest, Minister, Justice)			_ Seeking Validation of Mar	rriage Date of	Marriage
Member NameMember Status(Include wife's maiden name)(Head, Spouse, Child)	Male or Female Birth Date	Cell Phone	E-mail Address	Religion (If not Catholic)	Occupation (Or School & Grade)
Please check off sacrament	s each family member h	as received with dates	(if known):	1	_1
Family Member	Baptism	First Eucharist	First Reconciliation	Confirmation	

Please list any additional information or family members on back.

Would you like Contribution Envelopes sent directly to your home address (Yes or No)? Circle one