

Ave Maria Parish

Our Lady of the Assumption Church
758 Salem Street, Lynnfield, MA 01940

St. Maria Goretti Church
112 Chestnut Street, Lynnfield, MA 01940

Head of Household	Family Email: _____
Last Name _____	First _____ Middle Initial _____
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Suffix <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> III <input type="checkbox"/> _____
Maiden Name (if applicable): _____	Prior Parish* _____
Home Phone _____	Mobile Phone _____
Street Address : _____	
City : _____	State:: _____ Zip _____
Religion: _____	Date of Birth: _____ Place: _____
Occupation _____	Email Address _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Catholic Marriage or <input type="checkbox"/> Civil Marriage	
Date of Marriage: ____/____/____ Place of Marriage: _____	
Sacraments Received+: <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	

Spouse / Other Adult	
Last Name _____ First _____ Middle Initial _____	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Suffix <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> III <input type="checkbox"/> _____
Maiden Name (if applicable): _____	Prior Parish* _____
Home Phone _____	Mobile Phone _____
Street Address : _____	
City : _____	State:: _____ Zip _____
Religion: _____	Date of Birth: _____ Place: _____
Occupation _____	Email Address _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Catholic Marriage or <input type="checkbox"/> Civil Marriage	
Date of Marriage: ____/____/____ Place of Marriage: _____	
Sacraments Received+: <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	

**Kindly notify your prior parish that you are now registered here.*

Is there any other information you would like our pastor to know?

Would like information about online giving? Y N Would you like to receive envelopes? Y N

Get involved in parish life!

The ministries of our parish are sustained by volunteers. There are many opportunities to serve. Please check any ministry that interests you, and we will contact you to explain it and answer any questions you may have.

- | | | |
|---|---|--|
| <input type="checkbox"/> Usher | <input type="checkbox"/> Catechist | <input type="checkbox"/> Altar Server (adult) |
| <input type="checkbox"/> Lector | <input type="checkbox"/> Greeter | <input type="checkbox"/> Music Ministry |
| <input type="checkbox"/> Extraordinary Minister of Holy Communion | <input type="checkbox"/> Sacristan | <input type="checkbox"/> Media Ministry |
| <input type="checkbox"/> Ministry of Consolation | <input type="checkbox"/> Prayer Shawl Ministry | <input type="checkbox"/> Hospitality Committee |
| <input type="checkbox"/> Ministry to the Sick and Homebound | <input type="checkbox"/> C.L.O.W. Leader (Children's Liturgy of the Word) | |

Any other ways that you can share your time and talent with our Parish family? _____

Child 1

Last Name: _____ First : _____ Middle Initial: _____

Suffix: Sr. Jr. III _____ Gender: Male Female

Relationship to Head of Household: Child Stepchild Grandchild Other _____

Religion _____ Date of Birth _____ Place _____

Sacraments Received: Baptism Communion Confirmation

Child 2

Last Name: _____ First : _____ Middle Initial: _____

Suffix: Sr. Jr. III _____ Gender: Male Female

Relationship to Head of Household: Child Stepchild Grandchild Other _____

Religion _____ Date of Birth _____ Place _____

Sacraments Received: Baptism Communion Confirmation

Child 3

Last Name: _____ First : _____ Middle Initial: _____

Suffix: Sr. Jr. III _____ Gender: Male Female

Relationship to Head of Household: Child Stepchild Grandchild Other _____

Religion _____ Date of Birth _____ Place _____

Sacraments Received: Baptism Communion Confirmation

Please attach a separate sheet for additional children.