



St. Maximilian Kolbe Catholic Church

701 North Hiatus Road • Pembroke Pines, Florida 33026 • 954.432.0206 • www.stmax.cc

Welcome!

PARISH REGISTRATION FORM

Please **PRINT** information as completely as possible listing all family members currently residing in your household.

Please return form to the Parish Office at 701 North Hiatus Road, Pembroke Pines, Florida 33026.

Registration indicates a desire to become an active steward of St. Max by contributing your Time, Treasure and Talent.

Family LAST Name: _____ Envelope #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (_____) _____ Primary Cell: (_____) _____

Family Email: _____

Residence: Permanent Seasonal Own Rent Language Spoken: _____

Seasonal Address/City/State/Zip: _____

Parish you are transferring from* (if applicable): _____

*Please notify your current parish that you are leaving, thank you!

Married Couples: Wedding Date: _____ Married by a Catholic Priest? Yes No

Church Name: _____ City, State: _____

HEAD OF HOUSEHOLD: ADULT MALE

Member Name: _____

Last

First

Middle

Date of Birth: _____ Religion: _____

Marital Status: Catholic Marriage Civil Marriage Single Separated Divorced Widowed

Occupation: _____ Employer: _____

Sacraments Received: Baptism First Communion Confirmation Marriage

If Non-Catholic Baptism please indicate faith: _____

Additional Information: Attend Mass? Yes No Attend Catholic Religious Education? Yes No

Homebound or Special Needs? Yes No

HEAD OF HOUSEHOLD: ADULT FEMALE

Member Name: _____

Last

First

Middle

Date of Birth: _____ Religion: _____

Marital Status: Catholic Marriage Civil Marriage Single Separated Divorced Widowed

Occupation: _____ Employer: _____

Sacraments Received: Baptism First Communion Confirmation Marriage

If Non-Catholic Baptism please indicate faith: _____

Additional Information: Attend Mass? Yes No Attend Catholic Religious Education? Yes No

Homebound or Special Needs? Yes No

Family LAST Name: _____ Envelope #: _____

CHILDREN OR OTHER HOUSEHOLD MEMBERS (currently living in home)

Our school-aged children will be/are registered in: St. Max Religious Education St. Max Pre-School

Member Name: _____
Last *First* *Middle*

Relationship: Son Daughter Other _____

Date of Birth: _____ Religion: _____

Sacraments Received: Baptism First Communion Confirmation

Employer/School Attending: _____

Current Grade: _____ Physical Limitations: _____

ADDITIONAL CHILD

Member Name: _____
Last *First* *Middle*

Relationship: Son Daughter Other _____

Date of Birth: _____ Religion: _____

Sacraments Received: Baptism First Communion Confirmation

Employer/School Attending: _____

Current Grade: _____ Physical Limitations: _____

ADDITIONAL CHILD

Member Name: _____
Last *First* *Middle*

Relationship: Son Daughter Other _____

Date of Birth: _____ Religion: _____

Sacraments Received: Baptism First Communion Confirmation

Employer/School Attending: _____

Current Grade: _____ Physical Limitations: _____

ADDITIONAL CHILD

Member Name: _____
Last *First* *Middle*

Relationship: Son Daughter Other _____

Date of Birth: _____ Religion: _____

Sacraments Received: Baptism First Communion Confirmation

Employer/School Attending: _____

Current Grade: _____ Physical Limitations: _____

Is there anything else you believe we should know about your family? Allergies? Special Circumstances?

Our parish operates on a weekly envelope system. If you prefer a paperless gift program, please register online at www.stmax.cc

Thank you for beginning the registration process at St. Maximilian Kolbe Parish! Your are welcome here!