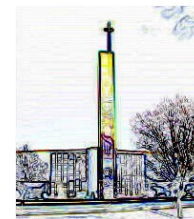
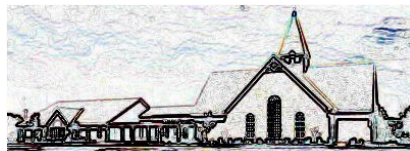


Welcome to the Roman Catholic Parishes of
Cape Elizabeth, Scarborough, and South Portland — Cluster 22
Registration Form



Please check the Parish at which you would like to be registered.

St. Bartholomew Parish

8 Two Lights Road
Cape Elizabeth, ME 04107
www.saintbarts.com

St. Maximilian Kolbe Parish

150 Black Point Road
Scarborough, ME 04074
www.saintmax.com

St. John & Holy Cross Parish

124 Cottage Road
South Portland, ME 04106
www.hcsj.org

Family Last Name: _____ Previous Parish _____

Address: _____

street

city

zip

Seasonal Address: _____

street

city

zip

Home Phone: _____ Unlisted: Yes or No (please circle)

Family Email: _____ Alternate Email _____

Would you like to receive offertory envelope? Yes or No (please circle) Registration Date _____

*Please return completed form to the parish office or offertory basket of selected parish. The parish office addresses are:
St. Bartholomew Parish, 8 Two Lights Rd, Cape Elizabeth, ME 04074; St. Maximilian Parish or St. John & Holy Cross Parish,
150 Black Point Rd., PO Box 57, Scarborough, ME 04070-0057.*

Please list all adults and children under 21 living in the home. For other adults (over 21) living at home, please indicate his/her relationship to the primary adult.

| | Primary Adult | Spouse | Child | Child | Child | Child | Other Adult | Other Adult |
|---|---------------|------------|------------|------------|------------|------------|-------------|-------------|
| Title (Mr., Mrs., Ms., Miss, Dr.) | | | | | | | | |
| First Name | | | | | | | | |
| Middle Name | | | | | | | | |
| Last Name (if different) | | | | | | | | |
| Maiden Name | | | | | | | | |
| Suffix (Jr., Sr., etc.) | | | | | | | | |
| Personal Email (if different) | | | | | | | | |
| Work Phone Number | | | | | | | | |
| Cell Phone Number | | | | | | | | |
| Gender | _M _F | _M _F | _M _F | _M _F | _M _F | _M _F | _M _F | _M _F |
| Date of Birth (mm/dd/yyyy) | | | | | | | | |
| Marital Status (Single, Married, Divorced, Widowed, Remarried) | | | | | | | | |
| Date of Marriage (mm/dd/yyyy) | | | | | | | | |
| Religion (please list if other than Catholic) | __Catholic | __Catholic | __Catholic | __Catholic | __Catholic | __Catholic | __Catholic | __Catholic |
| School & Grade | | | | | | | | |
| *Baptized | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| *Confirmed | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| *1st Communion | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |

*Please provide the church office with copies of your sacramental certificates. This information is needed to become baptismal godparent or confirmation sponsor.

**Additional Information: Please answer Yes or No

1. Are you aware of anyone, within or outside your home, who is unable to get to church? If so, would they like to be visited by a representative of the parish?
2. Do you have any questions that you would like to discuss with the priest personally?
3. Do you have any comments or ideas to share with us on how the parish could better serve the people and lead them to Christ? If so, please attach to this form.