



Parish of Mater Christi

40 Hopewell Street, Albany, NY 12208 | (518) 489-3204 | materchristialbany@gmail.com

PARISH REGISTRATION FORM

FAMILY LAST NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS (If different from above): _____

EMAIL: _____

HOME PHONE: _____

PDS# _____

CELL PHONE: _____

WORK PHONE: _____

FIRST NAME	MIDDLE NAME	SEX	MARITAL STATUS	RELIGION	DATE OF BIRTH	OCCUPATION

➡ Please indicate if you are homebound or have special needs: _____

FOR PARISH OFFICE USE ONLY

ADDED TO PDS _____ ADDED TO CATHEDRAL _____ SUBSCRIBED TO THE EVANGELIST (<mailto:ann.egan@rcda.org>) _____

NOTIFIED DIOCESAN APPEAL (<mailto:stewardship@rcda.org>) _____

Initials of Registrar _____