



# Catholic Parishes of Stoughton Registration Form 2021

Please check one parish as your primary parish of registration

**ST. JAMES CHURCH**  
560 Page Street, Stoughton, MA 02072  
781-344-9121

**IMMACULATE CONCEPTION**  
122 Canton Street, Stoughton, MA 02072  
781-344-2073

Family Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Additional Email: \_\_\_\_\_ Additional Email: \_\_\_\_\_

**Information on Family and Others living at home (Please feel free to attach an additional sheet)**

CHECK ONE	OTHER NAMES (First, Middle Initial, Last)	RELATIONSHIP	BIRTHDATE mm/dd/yyyy	OCCUPATION
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss				

Former Parish, City, and State: \_\_\_\_\_

Are you active on (please check all that apply): Facebook

Instagram

Would you like to receive Offering Envelopes:  YES  NO

Would you like to sign up for Online Giving:  YES  NO

Would you like to sign up for Email Notification from the Parish :  YES  NO

Please share your comments and suggestions here. We want to know what is important to you:

**FOR OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_ INITIALS: \_\_\_\_\_ CN \_\_\_\_\_ CC \_\_\_\_\_ EUB \_\_\_\_\_