



Welcome to Saint Julia Parish!

In order to get to know you and your family, we ask that you complete this Registration Form and send it to the parish office. We invite you to worship with us, and to learn more about parish life at Saint Julia Parish.

As our parish mission states, we seek to live our beliefs in Christ, we appreciate the diverse gifts of our parishioners, and we work to ensure that everyone feels welcome in our community of the faithful.

Yours in Christ,
Fr. Mark Mahoney
Pastor



FAMILY REGISTRATION

Family Last Name: _____
 Mailing Name: _____
 Street: _____
 City/State: _____ Zip Code: _____
 Main Number: _____
 Main Email: _____

HEAD OF HOUSEHOLD 1 INFORMATION

Last Name: _____ First Name: _____
 Middle Name: _____ Maiden: _____
 Address: Same as Main Other
 Street: _____
 City/State: _____ Zip Code: _____
 Main Number: _____ Cell Number: _____
 Email: _____
 Religion: Roman Catholic Christian Other: _____
 Baptized: Yes No Confirmed: Yes No
 Marital Status: _____ Birthday: _____
 Occupation: _____

HEAD OF HOUSEHOLD 2 INFORMATION

Last Name: _____ First Name: _____
 Middle Name: _____ Maiden: _____
 Address: Same as Main Other
 Street: _____
 City/State: _____ Zip Code: _____
 Main Number: _____ Cell Number: _____
 Email: _____
 Religion: Roman Catholic Christian Other: _____
 Baptized: Yes No Confirmed: Yes No
 Marital Status: _____ Birthday: _____
 Occupation: _____

Thank you for taking the time to fill out this form. May we come to know and serve one another through Christ.



CHILD's INFORMATION

Last Name: _____ First Name: _____

Middle Name: _____

Address: Same as Main Same as Mother Same as Father

Email: _____ Birthday: _____

School: _____ Grade: _____

Religion: Roman Catholic Christian Other: _____

Baptized: Yes No Confirmed: Yes No

Parish: _____ Parish: _____

City/State: _____ City/State: _____

CHILD's INFORMATION

Last Name: _____ First Name: _____

Middle Name: _____

Address: Same as Main Same as Mother Same as Father

Email: _____ Birthday: _____

School: _____ Grade: _____

Religion: Roman Catholic Christian Other: _____

Baptized: Yes No Confirmed: Yes No

Parish: _____ Parish: _____

City/State: _____ City/State: _____

CHILD's INFORMATION

Last Name: _____ First Name: _____

Middle Name: _____

Address: Same as Main Same as Mother Same as Father

Email: _____ Birthday: _____

School: _____ Grade: _____

Religion: Roman Catholic Christian Other: _____

Baptized: Yes No Confirmed: Yes No

Parish: _____ Parish: _____

City/State: _____ City/State: _____



SAINT JULIA PARISH
 374 BOSTON POST ROAD, WESTON, MA 02493 - WWW.STJULIA.ORG
PARISH REGISTRATION FORM



CHILD'S INFORMATION

Last Name: _____ First Name: _____

Middle Name: _____

Address: Same as Main Same as Mother Same as Father

Email: _____ Birthday: _____

School: _____ Grade: _____

Religion: Roman Catholic Christian Other: _____

Baptized: Yes No Confirmed: Yes No

Parish: _____ Parish: _____

City/State: _____ City/State: _____

Any family member interested in becoming Catholic, or in receiving the sacraments of Baptism or Confirmation? If so, please list below:

Any family member who is homebound, disabled or ill? If so, please list below:

Any family members interested in participating in particular aspects of parish life? If so, please list below:

Do you have any recommendations or suggestions regarding the parish and how it serves you and your family, or how we can serve each other?

Thank you for taking the time to fill out this form. May we come to know and serve one another through Christ.