

Parish Registration Form



MOTHER OF
GOOD COUNSEL

Mother of Good Counsel Parish and School
6924 W. Lisbon Avenue, Milwaukee, WI, 53210
Phone: 414 442-7600 ~ Website: mgcparish.org

Welcome!

The congregation of Mother of Good Counsel Parish and School welcomes you and are privileged that you are choosing us on your journey of faith. Please complete this form and return it to the Parish Office. You will receive a letter of welcome and information about involvement in our faith community.

Please print your name exactly the way you would like your mail to be addressed.

LAST NAME _____ FIRST NAME _____ DATE _____

SPOUSE'S NAME _____

Please circle the title you prefer: Mr./Mrs./Ms./Miss/Mr. & Mrs./Dr./Dr. & Mrs. or Mr./ Other

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CELL _____

MAILING ADDRESS (if different) _____

FAMILY EMAIL _____

Do you have students at MGC School? Yes ____ No ____

How did you hear about MGC? _____

Registration continued on the back



Mother of Good Counsel
A Salvatorian Parish
Since 1925

For office use only

Env # _____ Registration Date: _____

Welcome Packet Sent ____ Env. Sent ____

Family Information

Head of Household

First Name: _____ Last Name: _____ Maiden _____
Gender ____ Birth Date _____ Marital Status _____ Married by priest/deacon? Y/N
Date of Marriage __/__/__ Baptized? Y/N: Date __/__/__ Confirmed? Y/ N: Date __/__/__
1st Communion? Y/N: Date __/__/__ Occupation _____
Place of Employment _____ Your email _____
Language other than English? _____ In need of special assistance? _____

Spouse

First Name: _____ Last Name: _____ Maiden _____
Gender ____ Birth Date _____ Marital Status _____ Married by priest/deacon? Y/N
Date of Marriage __/__/__ Baptized? Y/N: Date __/__/__ Confirmed? Y/ N: Date __/__/__
1st Communion? Y/N: Date __/__/__ Occupation _____
Place of Employment _____ Your email _____
Language other than English? _____ In need of special assistance? _____

Child or other household member

First Name: _____ Last Name: _____ Maiden _____
Gender ____ Birth Date _____ Marital Status _____ Married by priest/deacon? Y/N
Date of Marriage __/__/__ Baptized? Y/N: Date __/__/__ Confirmed? Y/ N: Date __/__/__
1st Communion? Y/N: Date __/__/__ Occupation _____
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Place of Employment _____ Your email _____
Language other than English? _____ In need of special assistance? _____

*Thank you for joining Mother of Good Counsel Parish
Our faith community looks forward to getting to know you and your family!*