



MOTHER OF GOOD COUNSEL

CATHOLIC PARISH ~ *A great faith community*

Welcome!

Please join our parish by completing this form.

Fr. Robert Marsicek, SDS, Pastor

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Phone: (414) 442-7600 Fax: (414) 444-0408 Website: www.mgcparish.org

You are invited to join the Catholic congregation of Mother of Good Counsel. Our goal is:
"To make our Savior known"

After you complete this form, you can return it by mail, fax or in person to the address or numbers listed above. Mother of Good Counsel encourages all members to serve as stewards of God's gifts of time, talent and treasure. Once your registration is complete, you will receive a letter of welcome and information about involvement in our faith community.

PARISH REGISTRATION FORM

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

LAST NAME _____ DATE _____

FIRST _____ SPOUSE _____

Circle the title you prefer: Mr. & Mrs. / Mr. / Mrs. / Miss / Ms. / Dr. & Mrs. / Dr. Other:

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

MAILING ADDRESS (IF DIFFERENT) _____

FAMILY E-MAIL _____

Do you have children attending MGC School? Yes No

How did you hear about MGC? _____

Registration information continued on back

**Mother of Good
Counsel Congregation
A Salvatorian Parish
Since 1925**

<i>FOR OFFICE USE ONLY</i>	
ENV # _____	REGISTRATION DATE _____
WELCOME PACKET SENT _____	ENV. SENT _____

FAMILY INFORMATION

Head of House

Name _____ Last _____ (Maiden) _____
Gender ____ Birth Date _____ Marital Status _____ Married by priest/deacon? Y/N Date _____
Baptized? Y/N Date _____ 1st Communion? Y/N Date _____ Confirmed? Y/N Date _____
Occupation _____ Place of Employment _____
Personal e-mail _____ Language other than English? _____
Alum of MGC? (Year) _____ In need of special assistance ? _____

Spouse

Name _____ Last _____ (Maiden) _____
Gender ____ Birth Date _____ Marital Status _____ Married by priest/deacon? Y/N Date _____
Baptized? Y/N Date _____ 1st Communion? Y/N Date _____ Confirmed? Y/N Date _____
Occupation _____ Place of Employment _____
Personal e-mail _____ Language other than English? _____
Alum of MGC? (Year) _____ In need of special assistance ? _____

Child or other household member

Name _____ Last _____ Relationship: Child/Adult
Gender ____ Birth Date _____ School _____ Grade _____
Baptized? Y/N Date _____ 1st Communion? Y/N Date _____ Confirmed? Y/N Date _____
Personal e-mail _____ Language other than English? _____
Alum of MGC? (Year) _____ In need of special assistance ? _____

Child or other household member

Name _____ Last _____ Relationship: Child/Adult
Gender ____ Birth Date _____ School _____ Grade _____
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Name _____ Last _____ Relationship: Child/Adult
Gender ____ Birth Date _____ School _____ Grade _____
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Personal e-mail _____ Language other than English? _____
Alum of MGC? (Year) _____ In need of special assistance ? _____

Please use a second sheet for additional family members

Thank you for becoming a part of the Mother of Good Counsel faith community.
We look forward to getting to know you!