



**MARY MOTHER OF GOOD COUNSEL CATHOLIC CHURCH, AIRPORT WEST-ACCRA**

P. O. Box KIA 30461, Airport West, Accra

[www.mmgccc.com](http://www.mmgccc.com)

**REGISTRATION FORM**

*(PLEASE READ THROUGH CAREFULLY AND STATE ALL RESPONSES CLEARLY)*

PASTE  
PASSPORT  
PICTURE  
HERE

Present Church:..... Date Joined Church:.....  
(Day/Month/Year)

Previous Church:..... Location:.....

**PERSONAL DETAILS:**

Title:.....  
(Mr./Mrs./Dr./etc.)

Surname:..... First Name:.....

Other Name(s):.....

Gender: *Male/Female* Date of Birth:..... Place of Birth:.....  
(Underline) (Day/Month/Year)

Nationality:.....Hometown:.....Region:.....

Residential Address:.....

Postal Address:.....

Home Telephone No:.....Fax Number:.....

Mobile/Cell Number:.....Email Address:.....

Father's Full Name:.....  
*Surname 1<sup>st</sup> Name Other Name*

Mother's Full Name:.....  
*Surname 1<sup>st</sup> Name Other Name*

**HOUSEHOLD DATA:**

*If applicable provide details below*

Are you living with any or both parents/guardian who is/are registered member(s) of Mary Mother? Yes  No

(a) If yes who is the head of the household? Mother  Father  Guardian  Husband  Wife

(b) If **Guardian/Husband/Wife** provide the Full Name of the registered person.

.....  
*(Surname) (First name) (Other name)*

Provide Dues Card No for (a):.....

**MEMBERSHIP:**

*If applicable provide details below*

What is your Dues Card No?..... Are you current on Church Dues? Yes  No   
Dues paid up to:.....  
(Year only)

**MARITAL DATA:**

Status: *(please tick)*  
**(a)** Single  **(b)** Informal Union  **(c)** Married  **(d)** Separated  **(e)** Divorced  **(f)** Widowed

*Please tick if (c)*

Customary  Date...../...../..... Place:.....  
(dd/mm/yyyy)  
Cath. Church  Date...../...../..... Place:.....NLM No.....  
(dd/mm/yyyy)  
Ordinance  Date...../...../..... Place:.....  
(dd/mm/yyyy)  
Other Church  Date...../...../..... Place:.....  
(dd/mm/yyyy)  
Other (Specify)  Date...../...../..... Place:.....  
(dd/mm/yyyy)

Name of Spouse:.....Spouse's Nationality:.....  
Spouse's Religious Denomination:.....Number of Children:.....

**EMPLOYMENT DATA:**

*Please tick*

Employed:  Unemployed:  Student/Apprentice:  Pensioner/Retired  Housewife:   
House help:  Other:

Profession:.....Occupation:.....Place of work:.....  
(Eg. Pharmacy/Accountancy/etc.) (eg. Civil Servant/Military Service/etc.)

Status/Rank:.....

Address:.....

Phone Number:.....Fax:.....Email:.....

**RELIGIOUS DATA:**

*Please tick*

Baptized Yes  No  Date:...../...../..... Place.....NLB No:.....  
(dd/mm/yyyy)  
1<sup>st</sup> Communion Yes  No  Date:...../...../..... Place.....NLC No:.....  
(dd/mm/yyyy)  
Are you currently a communicant? Yes  No   
Confirmed Yes  No  Date:...../...../..... Place.....NLConf. No:.....  
(dd/mm/yyyy)

MINISTRY/ SOCIETY

<b>SOCIETY</b>	<b>DAY GROUP</b>	<b>MINISTRY</b>	<b>COMMITTEE</b>
<input type="checkbox"/> Sacred Heart	<input type="checkbox"/> Sunday	<input type="checkbox"/> Knight and Ladies of the Altar	<input type="checkbox"/> Social & Welcoming
<input type="checkbox"/> Legion of Mary	<input type="checkbox"/> Monday	<input type="checkbox"/> Choir	<input type="checkbox"/> Welfare
<input type="checkbox"/> St. Theresa	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Extra Ordinary Eucharistic Min	<input type="checkbox"/> Communication
<input type="checkbox"/> C. Y. O	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Ushers	<input type="checkbox"/> Harvest
<input type="checkbox"/> Charismatic Renewal	<input type="checkbox"/> Thursday	<input type="checkbox"/> Catechist	<input type="checkbox"/> Education
<input type="checkbox"/> St. Vincent de Paul	<input type="checkbox"/> Friday	<input type="checkbox"/> Sacristan	<input type="checkbox"/> Youth
<input type="checkbox"/> Knight of St. John	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday Service Ministers	<input type="checkbox"/> Vocation
<input type="checkbox"/> Marshallans		<input type="checkbox"/> PYC	<input type="checkbox"/> Laity
<input type="checkbox"/> Students' union		<input type="checkbox"/> PPC	<input type="checkbox"/> Hall
<input type="checkbox"/> COSRA		<input type="checkbox"/> Marriage Council Ministers	<input type="checkbox"/> Liturgical
<input type="checkbox"/> Tarcisians		<input type="checkbox"/> Lectors	<input type="checkbox"/> Project & Dev't
<input type="checkbox"/> Theresian Woman International Ministry			<input type="checkbox"/> Justice and legal
<input type="checkbox"/> Christian Mothers Association			<input type="checkbox"/> Health & Safety
<input type="checkbox"/> Other.....			<input type="checkbox"/> Other.....
			<input type="checkbox"/> Security

**CHILDREN RECORDS:**

Name	Date of Birth	Place of Baptism	NLB No.	Place of 1 <sup>st</sup> Comm	NLC No.	Place of confirmation	NLConf. No.

Any other information:

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Signature.....

Date: .....  
(Day/ Month/ Year)

Thanks for taking time to have this form completed. It will enable us to serve you better (Pastor)

**\*\*Please update your form any time you change your status and kindly encourage your children to update their status when they attain 18years of age. Thank you.**