

# St. Joseph Catholic Church Registration Form

Env# \_\_\_\_\_

Date: \_\_\_\_\_ Last Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Are you a part-time resident? \_\_\_Y \_\_\_N

Northern Address: \_\_\_\_\_ Period residing at this address: From: \_\_\_\_\_ to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ May we call or text you? \_\_\_Y \_\_\_N

Email: \_\_\_\_\_ May we email you? \_\_\_Y \_\_\_N

## Individual Member Information

Husband First Name: \_\_\_\_\_

Wife First Name: \_\_\_\_\_

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

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

Employer/former occupation: \_\_\_\_\_

Employer/former occupation: \_\_\_\_\_

Sacrament info:

Baptized? \_\_\_Y \_\_\_N Catholic? \_\_\_Y \_\_\_N

Sacrament info:

Baptized? \_\_\_Y \_\_\_N Catholic? \_\_\_Y \_\_\_N

Please enter dates of the following sacraments:

Reconciliation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please enter dates of the following sacraments:

Reconciliation: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status (circle one): Married, divorced, annulled, single, separated Valid Catholic Marriage? \_\_\_Y \_\_\_N

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Celebrant: \_\_\_\_\_

## Dependent information (living at home)

*\*\*Please note, if registering after June 1st, please indicate grade level entering in fall*

First Name & Last (if different)	Nickname	Birthdate (mm/dd/yy)	M/F	Grade**	Baptized (date)	Holy Communion (date)	Confirmation (date)

Please note any special family needs: (ie physically challenged, shut-in etc) \_\_\_\_\_

Emergency Contact (Other than residence): Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone \_\_\_\_\_