

# Registration for Saint Joseph Catholic Church

Date \_\_\_\_\_

Full Name \_\_\_\_\_ Former Parish \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Cellphone# \_\_\_\_\_ Email address \_\_\_\_\_

**Marital Status** (Circle one) Church Married Married Single Divorce Separated Widow **Church Attendance** (Circle one): Frequent Regular Occasional

Please list the names of those who live at this address:

**Member # \_\_\_\_\_ (Office use only)**

	Head	Spouse	Child	Child	Child	Child
First Name						
Last Name						
Sex (M/F)						
Birthdate						
Place of Birth						
Languages spoken						
Highest Grade						
Religion						
Occupation						
Baptized (Y/N)						
First Communion (Y/N)						
Confirmation (Y/N)						
Church Marriage (Y/N) & Date						

Ministry you would like to be active (circle) Eucharist Minister Lector Usher Acolyte

(NOTE: If more room is needed, please add on back of this sheet)