

# St. Joseph Catholic Church Registration Form

PLEASE PRINT

Family Name	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed
Street Address	City and Zip Code

	Date of Birth	Religion	Baptized Catholic? (Yes/No)	First Communion? (Yes/No)	Confirmation? (Yes/No)	Occupation/Trade
First Name						
Cell Phone	e-mail					

	Date of Birth	Religion	Baptized Catholic? (Yes/No)	First Communion? (Yes/No)	Confirmation? (Yes/No)	Occupation/Trade
Spouse First Name (if applicable)						
Cell Phone	e-mail					

Languages Spoken: \_\_\_\_\_

Children Living at Home	Date of Birth	Baptized Catholic? (Yes/No)	Catholic First Communion? (Yes/No)	Catholic Confirmation? (Yes/No)	Name of School Attending	Grade

**Stewardship** – I would like to help support my parish financially by using:

Faith Direct                       Bank Direct Deposit                       Offertory Envelopes

I would like further information on Wills/Trust and Planned Giving

**Ministry Interest:** I would like to volunteer \_\_\_\_\_

- Music/Choir                       Altar Server                       Lector                       Liturgy                       Homeless Meal Prep/Project Achieve  
 Bereavement Ministry                       Minister to the Sick                       Movement for a Better World  
 Meditation                       Hospitality                       Knights of Columbus                       Scouts                       Religious Education  
 Seniors Group                       School Ministry                       Parish Fair