

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 <small>(if applicable)</small>						
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:

- Parish Soft 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