

# St. Joseph Parish Registration Form

## St. Raphael Parish Registration Form

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**Please Print**

Family Last Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Unlisted - (circle) Yes No

E-Mail \_\_\_\_\_ Former Parish/City \_\_\_\_\_

*Please list all family members and any others who live at this address whether Catholic or not. Any individual who wishes to be registered separately should do so as well as any individual who will contribute separately.*

	Information for Adult 1	Information for Adult 2
<b>Last Name</b>		
<b>First Name (Legal) Nickname</b>		
<b>Maiden name</b>		
<b>Date of Birth Gender</b>		
<b>Marital Status (single, married, widow, divorced, re-married)</b>		

If Married: Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

Married by priest, minister, civil magistrate? \_\_\_\_\_

Would you like to have the pastor contact you regarding any matrimonial situation? \_\_\_\_\_

<u>Denomination and/or Religion</u>		
Sacraments Received: Please write date, if known, or yes or no.	Baptism _____ / _____ / _____	Baptism _____ / _____ / _____
	Eucharist _____ / _____ / _____	Eucharist _____ / _____ / _____
	Penance _____ / _____ / _____	Penance _____ / _____ / _____
	Confirmation _____ / _____ / _____	Confirmation _____ / _____ / _____
Education - <i>(please list degree or grade level completed)</i>		
Occupation - (be specific)		
Employer		
Business Address		
Business Phone		
Disability/Special Needs		
Talents/Skills		

Would you like the pastor to contact you regarding a situation in your family or area of special need? Yes No

*Please complete the reverse side of this form*

Information on Children living at home	Child	Child	Child	Child
Last Name (if different)				
First Name				
Date of Birth				
Gender				
Denomination/Religion				
Sacraments Received: Please write date, if known, or yes or no.	Baptism ___/___/___ Eucharist ___/___/___ Penance ___/___/___ Confirmation ___/___/___	Baptism ___/___/___ Eucharist ___/___/___ Penance ___/___/___ Confirmation ___/___/___	Baptism ___/___/___ Eucharist ___/___/___ Penance ___/___/___ Confirmation ___/___/___	Baptism ___/___/___ Eucharist ___/___/___ Penance ___/___/___ Confirmation ___/___/___
School attending & grade				
Disability/Special Needs				

Are there others living at this address not listed above. (Please explain)

Names of new parishioners are published in the bulletin. Do you have any objections to having your name listed?

( ) No      ( ) Yes

Date \_\_\_\_\_

Signature \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parish Records	
Envelopes	[            ]
ParishSoft	[            ]
Welcome Letter	[            ]
Committee	[            ]
Bulletin	[            ]
_____	