

# Catholic Community of St. Jude Parish Registration Form

<b>Family Name</b>	Today's Date:	Envelope Number:
Are you interested in Electronic Contributions?   Yes   No		
<b>Principal Residence:</b>		
House number and Street	Apt. No.	P.O. Box
City	State	Zip
<b>Home Phone</b>		
Unlisted?	Yes	No
<b>Secondary (Vacation) Residence:</b>		
<b>Months in Residence:</b>		
House number and Street	Apt. No.	P.O. Box
City	State	Zip
<b>Previous Parish:</b>		
Name	City	State

Adults (first name and Initial)	Religion	Birth date	Marital Status	Married by a priest?	Anniversary	Baptized	Eucharist	Confirmed	Education
<b>Husband/Male</b>									
<b>Work Phone</b>			<b>Cell Phone</b>			<b>Email</b>			
<b>Employer</b>			<b>Occupation</b>			<b>Special Needs</b>			
				Religion	Birth date	Baptized	Eucharist	Confirmed	Education
<b>Wife/Female</b>	<b>Maiden Name</b>								
<b>Work Phone</b>			<b>Cell Phone</b>			<b>Email</b>			
<b>Employer</b>			<b>Occupation</b>			<b>Special Needs</b>			

Dependents: First and Middle Names	Male/Female	Birth date	Religion	Grade	School District	Baptised	Eucharist	Confirmed	Special Needs
Name									
Name									
Name									
Name									
Name									

**To whom do you prefer your mail addressed to:**

Would you like to be listed in the Parish Directory?   Yes   No      Pictorial Directory?   Yes   No

Listing is: Last name, Adults' first names, address and phone.  
Your preference: