

# Catholic Community of St. Jude Parish Registration Form

Family Name:	Today's Date:	Envelope Number:
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Are you interested in Electronic Contributions?   Yes   No

Principal Residence:						
House number and Street	Apt. No.	P.O. Box	City	State	Zip	

Home Phone:	Unlisted?	Yes	No
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Family Email Address:
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Secondary (Vacation) Residence:
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Months in Residence:	House number and Street	Apt. No.	P.O. Box	City	State	Zip
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Previous Parish:		
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>									

Work Phone:	Cell Phone:	Email:
Employer:	Occupation :	Special Needs:

Wife/Female:	Religion	Birth date	Baptized	Eucharist	Confirmed	Education
<b>Maiden Name:</b>						

Work Phone:	Cell Phone :	Email :
Employer:	Occupation :	Special Needs:

Dependents: First and Middle Names (include last name if different)	Male/Female	Birth date	Religion	Grade	School District	Baptised	Eucharist	Confirmed	Special Needs
Name:									
Name:									
Name:									
Name:									
Name:									

<b>To whom do you prefer your mail addressed to:</b>	Would you like to be listed in the Parish Directory?   Yes   No Listing is: Last name, Adults' first names, address and phone. Your preference:	Pictorial Directory?   Yes   No
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