

St. Joseph Parish Registration Form

St. Raphael Parish Registration Form # _____

Please Print

Family Last Name

Address

City

State

Phone

Unlisted Yes No

Fax #

Zip

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
Last Name		
First Name (Legal)		
Maiden Name		
Date of Birth Gender		
Marital Status (single, married, widow, divorced, re-married)		
If Married: Date ____/____/____ Church _____ City/State _____ <i>Married by priest, minister, civil magistrate?</i> _____ <i>Would you like to have the pastor contact you regarding any matrimonial situation?</i> _____		
Denomination and/or Religion		
Sacraments Received: Please write date, if known, or yes or no.	Baptism _____ Eucharist _____ Penance _____ Confirmation _____	Baptism _____ Eucharist _____ Penance _____ Confirmation _____
Education – (please list degree or grade level completed)		
Occupation (be specific)		
Employer Business Address		
Business Phone		
Disability/Special Needs		
Talents/Skills you bring to St. Joseph ~ St. Raphael Parish		
Would you like the pastor to contact you regarding a situation in your family or area of special need? <input type="checkbox"/> Yes <input type="checkbox"/> 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				
Indicate date if known or yes or no Sacraments Received	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 you name listed? Yes No

Date _____

Signature _____

Comments:

Parish Records

Envelopes

PDS

Welcome Letter

Committee

Bulletin
