

ST. JOSEPH ROMAN CATHOLIC CHURCH
FAMILY REGISTRATION FORM

REGISTRATION DATE: _____

FAMILY NAME: _____

HEAD OF HOUSEHOLD NAME: _____

DATE OF BIRTH: _____

NAME OF SPOUSE: _____

DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

MARITAL STATUS: _____ MARRIED - CATHOLIC CHURCH
 _____ MARRIED - OTHER
 _____ SINGLE
 _____ WIDOWED
 _____ DIVORCED
 _____ SEPARATED

DATE OF MARRIAGE: _____

WOULD YOU LIKE TO RECEIVE SUNDAY COLLECTION ENVELOPES?
 (YES) _____ (NO) _____

MEMBERS OF FAMILY:

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____

Sacraments		(Yes)	(Year)	(No)
Received:	Baptism	_____	_____	_____
	Reconciliation	_____	_____	_____
	First Communion	_____	_____	_____
	Confirmation	_____	_____	_____

NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____

Sacraments		(Yes)	(Year)	(No)
Received:	Baptism	_____	_____	_____
	Reconciliation	_____	_____	_____
	First Communion	_____	_____	_____
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NAME: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____

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RELATIONSHIP: _____

DATE OF BIRTH: _____

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DATE OF BIRTH: _____

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Baptism	_____	_____	_____	_____
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Please indicate below any ministries or groups in which family members would like to participate:

- Lector _____
- Eucharistic Minister _____
- Usher _____
- Greeter _____
- Altar Server _____
- Choir _____
- Knights of Columbus _____
- Faith Formation or Youth Ministry _____
- Prime Timers _____
- Health & Wellness Ministry _____
- Ministry to Sick and Homebound _____
- Family Life Commission _____
- Community Life Commission _____
- Prison Ministry _____
- Respect Life _____
- Respite _____

Are there other ways you would like to volunteer or use your talents to help parishioners, the community or the church? Please list: _____

Do you know someone who is shut-in and/or who would like one or more visits from someone at St. Joseph's? (Yes) _____ (No) _____. If yes, please list:

Name: _____ Phone #: _____