

ST. JOSEPH CATHOLIC CHURCH

DATE: _____

Head of Household First Name _____
Last Name _____
Mobile Phone _____
Home Phone _____
Email _____
Spouse First Name _____
Last Name _____
Mobile Phone _____
Home Phone _____
Email _____

Home Address _____

City _____ State ____ Zip _____
Subdivision _____
Last Parish Attended _____
Last Parish City _____ State ____
Would you like us to inform your last parish of your transfer? _____
Emergency Contact (not residing with you)
Contact Name _____
Emergency Phone _____

FAMILY INFORMATION

The following information is REQUIRED for each person residing in your household (HH). This information is gathered in strict confidentiality for the Diocese of Richmond and for your personal records within the St. Joseph database. You are not required to list race, but this information is requested to ensure that the Diocese is serving the needs of all.

Relation ship	First Name	M I	Last Name <i>If different from family name above</i>	Nickname	M or F	DOB	Marital Status Single/ Married	Religion	Baptized	Confirm ed	Race

HOW MAY WE SERVE YOU? *Please check all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> I would like to register in St. Joseph Parish

<input type="checkbox"/> I am interested in finding out about the Catholic Faith
<input type="checkbox"/> I would like a priest to contact me | <input type="checkbox"/> I am interested in a program for returning Catholics
<input type="checkbox"/> I am interested in becoming Catholic
<input type="checkbox"/> Other _____ |
|--|--|

STEWARDSHIP *So that your active participation is known to the parish, please check one offertory method.*

- AUTO BANK Debit
 Personal Checks
 Envelopes
 One time Annual Gift

Comments: _____

ST. JOSEPH CATHOLIC CHURCH

151 W. Washington St., PO Box 2006, Petersburg, VA 23804

Phone: (804) 733-3115 – Fax: (804) 862-9931 – Website: www.sjcpetersburg.com

OFFICE USE ONLY: ___ DATABASE ENTRY ___ WELCOME PACKET OFFERED ___ ENVELOPE #