

Welcome to St. Joseph Catholic Church

10519 Main Street

Richmond, IL 60071

815-678-7421

Date: _____

Please take a few minutes to fill out this registration form. You are welcome to return the form via the collection basket, mail or in person to the Parish Office. We will contact you if there is any additional information that is needed.

Family name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (Home): _____

Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Date Married: _____

Were you married in a Catholic Church, non-Catholic Church, or Courthouse? _____

If you were married in a non-Catholic Church, did you have a Dispensation from Form? _____

Where were you married? _____
Name of place City State Country

Head of the household first name: _____

Birth date: _____

Occupation: _____

Employer: _____

Cell/Work/other: _____

Spouse's name: _____
(Include maiden name)

Birth date: _____

Occupation: _____

Employer: _____

Cell/Work/other: _____

Sacraments—Please mark Y (yes) or N (no) to all sacraments and dates if possible.

	Religion	Baptism	Penance	1 st Communion	Confirmation
Head of House					
Spouse					

Number of children: _____

Number of children living at home: _____

Please list each child and mark the sacraments received. Please include dates if possible.

Name	Birth date	Grade	School	Baptism	Penance	1st Communion	Confirmation

If there are any additional adult members in your household, please register these separately.

Office use:

Pastor
 PDS
 Diomail
 Parish Life
 OSV
 Evang. Welcome