

Saint Joseph Catholic Church  
 1401 South Mickley Avenue  
 Indianapolis, IN 46241

Registration Form: Please fill in and select the send option and the end of page.  
 Questions? Call 317-244-9002

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_ New (  ) Updated (  )

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (  ) \_\_\_\_\_ Work or Cell Phone: (  ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Church Envelope Number \_\_\_\_\_

Present Marital Status: Single (  ) Married (  ) Divorced (  ) Separated (  ) Widowed (  )

Married by: Priest/Deacon (  ) Minister (  ) Civil (  )

Date of Marriage: \_\_\_\_\_

Married Where (Parish): \_\_\_\_\_

	Head of Household	Spouse	Child	Child	Child	Child	Child
First Name							
Last Name (if different from Family Name)							
Religion							
Handicap							
Language Spoken							
Occupation							
School and Grade							
Male/Female							
Birth Date							
Date and Place of Baptism							
Date and Parish of Penance							
Date and Parish of First Holy Communion							
Date and Parish of Confirmation							

Put the date of the sacrament if possible. If sacrament was received but the date is unknown, please indicate by "yes". If no information is available about the sacrament, indicate by "unknown".