



St. Joseph Catholic Church

1200 E 10th Street, Stuart, Florida 34996

Phone: 772-287-2727 Fax: 772-287-4998

Please indicate your offertory choice below.

☐ Faith Direct (on-line giving)

Giving electronically cuts down our processing costs and is a convenient way to provide consistent financial support to our church.

☐ Offertory Envelopes

PARISH REGISTRATION FORM

Today's Date: _____

Residential Status:

☐ Seasonal - From _____ to _____

☐ Year-Round

Please complete the entire form. If the requested information does not apply to you, enter N/A

Head of Household Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. Other _____

Last Name: _____ First: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ Apt/Unit#: _____

City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____

Marital Status: ☐ single ☐ married ☐ widow/widower ☐ divorced ☐ annulment ☐ separated

Religion: ☐ Catholic ☐ Other: _____ Occupation: _____ Retired _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation ☐ Catholic Marriage

Spouse / Other Adult Check one: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. Other _____

Last Name: _____ First: _____ Middle Initial: _____

Date of Birth: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Relationship to Head of Household: ☐ spouse ☐ parent ☐ child ☐ sibling ☐ relative ☐ friend ☐ other _____

Marital Status: ☐ single ☐ married ☐ widow/widower ☐ divorced ☐ annulment ☐ separated

Religion: ☐ Catholic ☐ Other: _____ Occupation: _____ Retired _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation ☐ Catholic Marriage

Child / Other

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: ☐ Child ☐ Stepchild ☐ Grandchild Other _____Religion: ☐ Catholic ☐ Other: _____ Date of Birth: _____ Sex: M _____ F _____

School Attending: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation

Child / Other

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: ☐ Child ☐ Stepchild ☐ Grandchild Other _____Religion: ☐ Catholic ☐ Other: _____ Date of Birth: _____ Sex: M _____ F _____

School Attending: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation

Child / Other

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: ☐ Child ☐ Stepchild ☐ Grandchild Other _____Religion: ☐ Catholic ☐ Other: _____ Date of Birth: _____ Sex: M _____ F _____

School Attending: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation

Child / Other

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: ☐ Child ☐ Stepchild ☐ Grandchild Other _____Religion: ☐ Catholic ☐ Other: _____ Date of Birth: _____ Sex: M _____ F _____

School Attending: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

☐ Baptism ☐ Reconciliation ☐ Holy Eucharist ☐ Confirmation

If you would like information about joining any of the ministries available to you at St. Joseph Parish, Ministry details may be found online at <https://www.sjcflorida.org/Ministries> We welcome you and your talents!