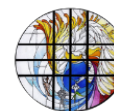


(PLEASE PRINT)

Saint Gabriel Registration Form



Saint Gabriel
CATHOLIC PARISH

Family Name		
Spouse Maiden name		
Date of Marriage		
Place of Marriage(Parish/City/State)		
Name to address to		
Main address		
City		
State	ZIP Code	
Phone (Home)		
Cell Phone (H=husband's, W= wife's)		
Email		
Previous Parish (Name/City/State)		

Date

Envelope #

Secondary address:

City

State

Zip

Phone

Months/dates at this address:

Send mail to this address?

Yes or No

Check if you would like to receive correspondence via e-mail

☐

(m)arried

(s)ingle

(w)idowed

(d)ivorced

(optional)

1-White-non Hispanic

2-Hispanic

3-African American

4-Other

Adults in Household

Name					Marital	Gender	Ethnicity (1-4)	Check (X) sacraments completed			Grade/
First	Last	Nickname	Date of Birth	Religion	Status			Baptism	1st Comm	Confirm	Occupation

Note: List last name if different than family name.

Children

Name					Attend	Gender	Ethnicity (1-4)	Check (X) sacraments completed			School	Grade
First	Last	Nickname	Date of Birth	Religion	CCD(Y/N)			Baptism	1st Comm	Confirm		

Saint Gabriel Registration Form
Additional Information

Please Complete Additional Information on Other Side

Special Pastoral Needs

Homebound [] Handicapped/Disabled [] Special Education Needs []

Would you like communion brought to homebound person? _____ Would you like a phone call from Fr. Tim? _____

Please list any talents, skills or hobbies you have that might benefit the parish (please list the name of the family member next to it)

Optional: Business Owner and Type of Service

Business Name: _____

Type of Service: _____

Contact Person: _____ Phone Number: _____

Areas to Consider Becoming Involved In

Worship:

___ Usher
___ Lector
___ Greeter
___ Eucharistic Minister
___ Server
___ Sacristan
___ Choir or Cantor
___ Musician
___ Art/Environment
___ Resurrection Ministry/Funerals

Christian Formation

___ Commission Member
___ School Commission
___ Rel. Ed. Teacher
___ Aide to Rel. Ed. teacher
___ Bible Study leader
___ Adult Ed Programs
___ Evangelization
___ Welcome new members
___ Vocations

___ **Christian Women**
___ Member
___ Help with Funeral Meals

Administration

___ Finance Commission
___ Stewardship Commission
___ Communications Committee
___ Mailings/Office Help

Parish Activities:

___ Flea Market
___ Auction
___ Other Fundraising
___ Other parish functions
___ Bake for events
___ Seniors Group

Building & Grounds

___ Committee Member
___ Maintenance work
___ Other _____
___ Special Skills _____

Human Concerns

___ Commission Member
___ St. Ben's Meal Program--help serve
___ Help at the Food Pantry
___ St. Vincent de Paul
___ Blood Pressure
___ Homebound/hospital visits
___ Reminisce visits

Information Provided is Confidential & for Church Use Only