



Registration Form

Env# _____ OSV _____ Date _____ Initial _____

Copy to Welcome Committee _____ PC _____

Print Last Name	
Home Address	
City & Zip	

Marital Status
(circle one)
Single Separated
Divorced Widowed

Married>>> _____ M/D/Y

Home Phone	_____	Unlisted? Yes No
Male Cell	_____	
Female Cell	_____	
Family email	_____ (Name)	
Other email	_____ (Name)	

Male and Female Head of Household								
First Name & Middle Initial (PLEASE PRINT) ↓ ↓ ↓	Birthdate M/D/Y	Baptized (CIRCLE ONE)	Confirmed Catholic (CIRCLE ONE)	Education (MAJOR SUBJECTS OF STUDY)	Employed outside the home (CIRCLE ONE)	Occupation/Type of Work (NOW OR WHEN EMPLOYED)	Do you own your own business or professional practice?	Hobbies and Skills
MALE HEAD OF HOUSEHOLD		CATHOLIC OTHER NOT	YES NO		YES NO RETIRED			
FEMALE HEAD OF HOUSEHOLD		CATHOLIC OTHER NOT	YES NO		YES NO RETIRED			

Children and Other Adults Living in this Household						
First Name & Middle Initial (PLEASE PRINT)	Gender (CIRCLE ONE)	Birthday M/D/Y	Grade of Child	Baptized (CIRCLE ONE)	First Communion (CIRCLE ONE)	Confirmed Catholic (CIRCLE ONE)
	MALE FEMALE			CATHOLIC OTHER NOT	YES NO	YES NO
	MALE FEMALE			CATHOLIC OTHER NOT	YES NO	YES NO
	MALE FEMALE			CATHOLIC OTHER NOT	YES NO	YES NO
	MALE FEMALE			CATHOLIC OTHER NOT	YES NO	YES NO
	MALE FEMALE			CATHOLIC OTHER NOT	YES NO	YES NO
	MALE FEMALE			CATHOLIC OTHER NOT	YES NO	YES NO

What ministries are you interested in?

<input type="checkbox"/> Altar Servers	<input type="checkbox"/> Prayer Shawl Ministry
<input type="checkbox"/> Building & Grounds Maintenance	<input type="checkbox"/> Prison Ministry Team
<input type="checkbox"/> Coffee Hour	<input type="checkbox"/> Reader/Lector
<input type="checkbox"/> Cross Bearer	Religious Education
<input type="checkbox"/> Extraordinary Ministers/EMs	<input type="checkbox"/> Pre K–Grade 6 Teacher
<input type="checkbox"/> Eucharistic Outreach Team	<input type="checkbox"/> Jr. High Teacher
<input type="checkbox"/> Flowers for Church	<input type="checkbox"/> Sr. High Teacher
<input type="checkbox"/> Funeral Lunch/Dinner	<input type="checkbox"/> Confirmation Prep
<input type="checkbox"/> Garden Ministry	<input type="checkbox"/> Sacristans
<input type="checkbox"/> Greeters	<input type="checkbox"/> St. Vincent de Paul
<input type="checkbox"/> Healing Garden	<input type="checkbox"/> Ushers
<input type="checkbox"/> Health Ministry Team	<input type="checkbox"/> Welcoming Committee
<input type="checkbox"/> Knights of Columbus	<input type="checkbox"/> Women’s Group

Special needs, comments or information you wish to bring to our attention.

First Year at Risen Christ _____