



SAINT BONIFACE CATHOLIC CHURCH PARISH REGISTRATION

DATE REGISTERED: _____ Env # _____
(Office will assign)

FAMILY LAST NAME: _____

HEAD OF HOUSEHOLD: _____ SPOUSE: _____

TITLE: Mr./Mrs. Mr. Mrs. Ms. Miss Other (please specify) _____

MARITAL STATUS: Church Marr. Civil Marr. Widowed Separated Divorced Single

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME (MAIN) PHONE: _____ EMAIL: _____

Please circle any or all **MINISTRIES** that may be of interest to you or your family:

During Mass:

LECTOR USHER EUCHARISTIC MINISTER GIFT BEARER SERVER

Activities/planning of these commissions:

FINANCE PARISH LIFE LITURGY EDUCATION
CHARITABLE OUTREACH SOCIAL JUSTICE

Please continue to page 2 for individual member information. Thank you

Individual member information for Head of Household, Spouse, and Children (living at home or away at school)

	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD
TITLE						
FIRST NAME						
LAST NAME/ MAIDEN NAME						
DATE OF BIRTH						
GENDER M or F	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
LANGUAGE SPOKEN						
RELIGION						
EMPLOYER or SCHOOL						
OCCUPATION OR GRADE						
WORK PHONE						
CELL PHONE						
PERSONAL EMAIL						
BAPTISM or PROFESSION OF FAITH	Y or N Date: Place:	Y or N Date: Place:	Y or N Date: Place:	Y or N Date: Place:	Y or N Date: Place:	Y or N Date: Place:
FIRST COMMUNION	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:
CONFIRMATION	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:
MARRIAGE	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:	Y or N Date:

**For
Sacraments:**
Please
include
dates
(if known)

**PLEASE COMPLETE AND RETURN TO THE CHURCH OFFICE—EITHER in PERSON or by MAIL: 1820 North B Street, Ft Smith, AR, 72901
Or by EMAIL: stbfaceoffice@gmail.com OR place in the Collection basket at Mass**