

**St. Joseph's Catholic Church**  
**2817 Poole Road, Raleigh, NC 27610**  
**Phone: 919-231-6364      Fax: 919-231-9884**  
**PARISH REGISTRATION FORM**

**PLEASE PRINT NEATLY**

Today's Date: \_\_\_\_\_

**Last Parish attended in the Diocese of Raleigh—(if applicable):** \_\_\_\_\_  
**(Please notify your previous pastor of your move.)**

Family last name: \_\_\_\_\_

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

City & Zip: \_\_\_\_\_

**Do you wish to receive donation envelopes?** \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Unlisted: Yes / No

**Husband/ Father/ Male Head of Household      Are you Catholic: Yes / No**

First Name and Initial: \_\_\_\_\_ Mr./ Dr./ Deacon

What name do you like to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What Sacraments have you received: Baptism \_\_\_ 1st Communion \_\_\_ Confirmation \_\_\_

Marital Status (Circle One): Single      Catholic Marriage    Non-Catholic Marriage    Separated      Divorced    Widow(er)

Anniversary Date (if applicable): \_\_\_\_\_

Employer & Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Wife/ Mother/ Female Head of Household      Are you Catholic: Yes / No**

First Name and Initial: \_\_\_\_\_ Miss/ Ms./ Mrs./ Dr.

What name do you like to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What Sacraments have you received: Baptism \_\_\_ 1st Communion \_\_\_ Confirmation \_\_\_

Marital Status (Circle One): Single      Catholic Marriage    Non-Catholic Marriage    Separated      Divorced    Widow(er)

Anniversary Date (if applicable): \_\_\_\_\_

Employer and Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# Your children

Name	What name does child go by	Boy or girl	Date of Birth	Date of Baptism	Date of First Communion	Date of Confirmation

FOR OFFICE USE ONLY: Database: \_\_\_\_\_ Envelope No: \_\_\_\_\_ Welcome letter: \_\_\_\_\_