



# ST. JOSEPH CATHOLIC CHURCH

*LA IGLESIA CATÓLICA SAN JOSÉ*

Membership Registration Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Family Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Unlisted?  Yes  No

If married, anniversary date: \_\_\_\_\_ Catholic Marriage?  Yes  No

Tithing Envelopes  Yes  No

### ADULT #1 (18 or older)

Name: \_\_\_\_\_  
First Middle Last Maiden (if applicable)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Education Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
 Would you like to receive e-mails from the church about events and information of interest?  Yes  No

Religion practiced: \_\_\_\_\_ Baptized?  Yes  No

If Baptized, in what church? \_\_\_\_\_  
Church City/State

Confirmed?  Yes  No First Communion?  Yes  No

Special needs? (e.g., sight, hearing, mobility)  Yes  No

If you do have special needs, please specify: \_\_\_\_\_

**ADULT #2 (18 or older)**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden (if applicable)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Sex:  Male  Female

Education Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
                    Would you like to receive e-mails from the church about events and information of interest?  Yes  No

Religion practiced: \_\_\_\_\_ Baptized?  Yes  No

If Baptized, in what church? \_\_\_\_\_  
  Church  City/State

Confirmed?  Yes  No      First Communion?  Yes  No

Special needs? (e.g., sight, hearing, mobility)  Yes  No

If you do have special needs, please specify: \_\_\_\_\_

**ADULT #3 (18 or older)**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden (if applicable)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Sex:  Male  Female

Education Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
                    Would you like to receive e-mails from the church about events and information of interest?  Yes  No

Religion practiced: \_\_\_\_\_ Baptized?  Yes  No

If Baptized, in what church? \_\_\_\_\_  
  Church  City/State

Confirmed?  Yes  No      First Communion?  Yes  No

Special needs? (e.g., sight, hearing, mobility)  Yes  No

If you do have special needs, please specify: \_\_\_\_\_



