

THE PARISH COMMUNITY OF ST. JOSEPH

434 CHURCH STREET / BOWLING GREEN, KY 42101-1810
PH (270) 842-2525 / FAX (270) 843-9624



Membership Registration Date: ____/____/20____

Family Name: _____

Address: _____

Home Phone: _____ Unlisted? Yes No

If married, anniversary date: _____ Catholic Marriage? 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: _____

CHILD #1 (17 or younger)

Name: _____
 First Middle Last Preferred or Nickname

Birth Date: ____/____/____ Sex: Male Female

School Attending: _____ Religious Education: _____

Baptized? Yes No Confirmed? Yes No First Communion? Yes No

If Baptized, in what church? _____
 Church City/State

Specify any special needs: _____

CHILD #2 (17 or younger)

Name: _____
 First Middle Last Preferred or Nickname

Birth Date: ____/____/____ Sex: Male Female

School Attending: _____ Religious Education: _____

Baptized? Yes No Confirmed? Yes No First Communion? Yes No

If Baptized, in what church? _____
 Church City/State

Specify any special needs: _____

CHILD #3 (17 or younger)

Name: _____
 First Middle Last Preferred or Nickname

Birth Date: ____/____/____ Sex: Male Female

School Attending: _____ Religious Education: _____

Baptized? Yes No Confirmed? Yes No First Communion? Yes No

If Baptized, in what church? _____
 Church City/State

Specify any special needs: _____

