

# RESURRECTION CATHOLIC PARISH

## Membership Registration Form

All information obtained from this form is considered confidential and will not be shared or given to anyone outside of our Cluster Parishes consisting of Resurrection, St. Lawrence, and St. Peter, or the Offices of the Archdiocese of Milwaukee.

### Section I:

Date of Completion: \_\_\_\_\_ Would you like to be Welcomed in the Bulletin? Yes \_\_\_ No \_\_\_

Last Name: \_\_\_\_\_

I am: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_ Church Annulment \_\_\_

First Name Middle Name Maiden Name, if applicable

Address City State Zip Code

Phone Email Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

Occupation

	Name of Church	City	State
Baptized at			
Confirmed at			

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### Section II: (Spouse, if married couple)

First Name Middle Name Maiden Name, if applicable

Phone Email Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

Occupation

My Religious Denomination is: Catholic \_\_\_ Protestant \_\_\_ Jewish \_\_\_ Other \_\_\_\_\_

	Name of Church	City	State
Baptized			
Confirmed			
Married			

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Section III: List children under 18 years of age. Individuals 18 or older should submit their own membership form.

Full Name	Date of Birth	Baptized Date/Church	First Communion Date/Church	Confirmation Date/Church

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Section IV: Please indicate if the following applies to any person listed and include name(s)

Special Needs \_\_\_\_ Homebound \_\_\_\_ Nursing Home/Assisted Living Facility \_\_\_\_\_

Any other sacramental or special needs the Church should be aware of (ie: blessing of a marriage, procurement of a Matrimonial annulment, needing a ride to Mass, etc).

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Section V: Parish Involvement - Check any that may be of interest to you or your family

WORSHIP: Greeter\_\_\_\_ Lector\_\_\_\_ Minister of Communion\_\_\_\_ Server\_\_\_\_ Choir\_\_\_\_ Decorating\_\_\_\_

FAITH FORMATION: Religious Education Teacher or Aide\_\_\_\_ (circle interest) Elementary / Middle School / High School

COUNCILS/COMMITTEES: Pastoral Council\_\_\_\_ Finance Council\_\_\_\_ Building & Grounds/Cemetery\_\_\_\_

Christian Formation\_\_\_\_ Human Concerns\_\_\_\_ Prayer & Worship\_\_\_\_ Knights of Columbus Council\_\_\_\_

Other areas you may be of help to the parish community:\_\_\_\_\_

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Please mail this form to: Resurrection Catholic Church, P.O. Box 96, Allenton, WI 53002 or drop in the Collection basket