

CONFIDENTIAL MEMBERSHIP FORM

Date: _____

St. Monica Parish

303 Campanile Dr, East Peoria, IL 61611 (309) 694-2061

Envelope No.: _____

Member Since: _____

Office use

LAST NAME

- ☐ We are currently registered as members of St. Monica Church. Please update the information we have provided.
- ☐ We are registering as new members of St. Monica Church.
- ☐ We no longer attend St. Monica's. Please remove the name and address we have provided from your database.

Please Print

HEAD OF HOUSEHOLD. ADDITIONAL INFORMATION REQUIRED UNDER ADULT #1

Last Name: _____ First Name: _____ Middle Ini. _____

Address: _____ Title: (Circle one) Mr Mrs Mr&Mrs Ms Miss Dr Dr&Mrs

City, State, Zip: _____ Phone: _____ ☐ Unlisted; please do not share.

Address 2: _____ Email: _____

(Vacation home) _____

City, State, Zip: _____

If applicable, please indicate approximate months in residence at vacation home (Ex: Jan-Feb). _____

ADDITIONAL ADULT INFORMATION INCLUDING HEAD OF HOUSEHOLD (ADULT #1)

First & Middle Name: **ADULT #1.** _____

Gender: ☐ M ☐ F (Maiden) _____

DOB (mm/dd/yyyy): _____ / _____ / _____

Cell Phone: _____

E-mail Address: _____

Profession: _____

Religion (if not Catholic) _____

☐ I am interested in becoming Catholic

ADULT # 2. _____

☐ M ☐ F (Maiden) _____

_____ / _____ / _____

☐ I am interested in becoming Catholic

I have received the following sacraments:

☐ Baptism (Date & Place: _____)

☐ Reconciliation

☐ Communion ☐ Confirmation

☐ Marriage in the Church/Date: _____

Marital Status:

☐ Single ☐ Separated

☐ Married ☐ Divorced

☐ Widowed ☐ Annulled

☐ Baptism (Date & Place: _____)

☐ Reconciliation

☐ Communion ☐ Confirmation

☐ Marriage in the Church/Date: _____

☐ Single ☐ Separated

☐ Married ☐ Divorced

☐ Widowed ☐ Annulled

DEPENDENT INFORMATION

If you need to add additional members, please use a second form.

First Name	Last Name (If different from Family Name)	Relationship to Head of Household	Gender	Date of Birth	Present Grade K-16	Religion if not Catholic Baptist, etc.
1.			<input type="checkbox"/> M <input type="checkbox"/> F			
Check if Sacrament Received: <input type="checkbox"/> Baptism (Date & Place: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Adult Education <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD Grade School <input type="checkbox"/> St. Patrick School						
2.			<input type="checkbox"/> M <input type="checkbox"/> F			
Check if Sacrament Received: <input type="checkbox"/> Baptism (Date & Place: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Adult Education <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD Grade School <input type="checkbox"/> St. Patrick School						
3.			<input type="checkbox"/> M <input type="checkbox"/> F			
Check if Sacrament Received: <input type="checkbox"/> Baptism (Date & Place: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Adult Education <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD Grade School <input type="checkbox"/> St. Patrick School						
4.			<input type="checkbox"/> M <input type="checkbox"/> F			
Check if Sacrament Received: <input type="checkbox"/> Baptism (Date & Place: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Adult Education <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD Grade School <input type="checkbox"/> St. Patrick School						

ADDITIONAL ADULTS IN HOUSEHOLD

Please list, then complete a separate form.

Last Name: _____ First Name: _____ Relationship: _____