

CHURCH OF THE ASSUMPTION - REGISTRATION FORM

Family Name _____

On-Line Giving
Church Envelopes

For Church Use Only	PDS Program	Insta-Set
Envelope # _____	Registration Card	Bulletin
To Welcome Comm		Gift Bag

Address _____ Date Registered _____

Street Address

Apt. No.

City

Zip Code

Telephone _____ E-mail Address _____

Residence: Tenant Owner Assumption School Family Yes No Married Separated Divorced Widowed Single

List Only Those Living With You (Include Last Name if Different)	Date of Birth	Country of Birth	Religion	Baptism Yes/No	1st Com. Yes/No	Confirm. Yes/No	Grade Degree	School, Occupation, Homebound
Husband:	____/____/____							
Wife:	____/____/____							
Children:	____/____/____							
	____/____/____							

Were you married in a Catholic Church? Yes No If yes, Date of Marriage: ____/____/____

Church Married in: _____

If Annulled, Date of Annulment: ____/____/____ If Widowed, Date: ____/____/____ City State

Are any of the persons listed Above disabled or homebound? Yes No Would they like to receive the Sacraments on a monthly basis? Yes No

Does anyone in your family have special needs issues? Please specify:

Will you need envelopes mailed to you **YES / NO**

Will you be donating on line at <https://coabvm.churchgiving.com/> **YES / NO**

Stewardship of Wealth: While any pledge of support your household chooses to contribute for the Parish is greatly appreciated, please consider a yearly donation of 5% of your annual take home pay to support this parish and its Ministries. May God bless your generosity!

In Thanksgiving to God for the blessings He has bestowed on us, and for the support of the Ministries of this Church, I/We make this Stewardship Commitment to Assumption Parish: a pledge of \$ _____ per week ☐ or per month ☐.

Stewardship of Time and Talents: After prayerful consideration, I/We will make a one (1) year commitment of our time and talents to the following ministries of the parish.

Social Ministries

- ☐ American Red Cross
- ☐ Community Outreach/Haiti
- ☐ Food Distribution/Human Care
- ☐ St. Vincent de Paul Volunteer Visitors

Religious Education

- ☐ Parish School of Religion: Pre K - HS
- ☐ RCIA Team Member
- ☐ Spiritual Life Commission

Liturgical Ministries

- ☐ Altar Servers/Acolytes
- ☐ Eucharistic Ministers
- ☐ Lectors - Ushers
- ☐ Ministry to the Sick
- ☐ Sacristans
- ☐ Worship Commission

Community Life/Service

- ☐ Altar & Rosary Society
- ☐ Bible Study
- ☐ Blue Army of Fatima
- ☐ CYO / Boosters
- ☐ Divine Mercy Chapel
- ☐ Healing Hearts
- ☐ Holy Name
- ☐ Knights of Columbus
- ☐ Isabella Guild
- ☐ Parents Club
- ☐ Men/Women Golf League

Fundraising Events

- ☐ Catholic Charities
- ☐ Endowment Fund
- ☐ Fish Fry
- ☐ Summer Festival
- ☐ Night at the Races

General Volunteer Assistance

- ☐ Collection Counters
- ☐ Pastoral Council
- ☐ Middle School Youth Group
- ☐ High School Youth Group

Fill in the table below with the names of the volunteers in your household and their chosen Ministry:

Name of Volunteer	Chosen Ministry	I could also help by: (specify)
Self:		
Spouse:		
Child:		
Child:		
Other Household member(s):		