

## St. Joseph's Congregation Member Registration Form

|  |                                    |                  |
|--|------------------------------------|------------------|
| Member   |                                    |                  |
| Name Last, First _____                                   |                                    |                  |
| Circle Title – Mr., Mrs., Ms., Miss, Dr., Other _____    |                                    |                  |
| Circle Suffix – Sr., Jr., II, III, IV, Other _____       |                                    |                  |
| Nickname _____   | Maiden Name _____                  |                  |
| Relationship – <i>Head of House, Spouse, Child</i> _____ |                                    |                  |
| Marital Status _____                                     | Religion _____                     | Disability _____ |
| Occupation _____   | Location _____                     |                  |
| Business Phone _____                                     | School ( <i>if student</i> ) _____ |                  |
| Date of Birth _____                                      | Gender _____                       | High Grade _____ |
| Remarks: _____   |                                    |                  |
| Date of Baptism _____                                    | Location _____                     |                  |
| Date of First Communion _____                            | Location _____                     |                  |
| Date of Confirmation _____                               | Location _____                     |                  |
| Date of Marriage _____                                   | Location _____                     |                  |

|  |                                    |                  |
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