

The state of the s	

Family Name:	#
Date Registered:	
FOR OFFICE USE ONLY	

FAMILY NAME:	
ADDRESS:	
CITY / ST / ZIP:	

		HEAD OF HOUSEHOLD (HoH)				SPOL	JSE
	First & Middle Name:						
	Nickname:						
	Marital Status:						
eq	Anniversary Date:				Last nai		
If married	·				(if differ	ent)	
<del>_</del>	Maiden Name						
	Religion:						
	Gender:						
	Birth Date:						
	Sacraments	Bapt	ism	1st Comm.	Во	aptism	1st Comm.
	received:	1st Re	∋c.	Confirmation	19	st Rec.	Confirmation
	Employer:						
	Occupation:						
	Cell phone:						
S	share w/parishioners?		Yes	No		Yes	No
	Home phone:						
S	share w/parishioners?		Yes	No		Yes	No
	Email address:						
S	hare w/parishioners?		Yes	No		Yes	No
	Any special needs?						

☐ I/We are transferring our membership from the	Have you notified your former parish?		
following church			
City/State:	Yes No		

The following members of my household should be registered as part of my family:

Relation- ship to HoH	First &Middle Name	Last Name (if different)	Nickname	Gender	Birth Date	Sacraments re	eceived	School & Grade	Any special needs?
						Baptism	Recon.		
						1st Comm.	Confirm.		
						Baptism	Recon.		
						1st Comm.	Confirm.		
						Baptism	Recon.		
						1st Comm.	Confirm.		
						Baptism	Recon.		
						1st Comm.	Confirm.		
							Recon.		
						Baptism 1st Comm.	Confirm.		

## I would like to learn more about being involved in the following ministries:

$\Diamond$	Lectors	$\Diamond$	Samaritan (Food Pantry)
$\Diamond$	Altar Servers	$\Diamond$	Hospitality
$\Diamond$	Extraordinary Ministers of Holy	$\Diamond$	Environment
	Communion	$\Diamond$	Homebound Ministry
$\Diamond$	Music Ministry	$\Diamond$	

Would you like to receive a mailed copy of the weekly Catholic newspaper for the Archdiocese of Indianapolis?

Yes No I'll read it online

The \$18 subscriptions is subsidized by the parish. If you're able to contribute please mark it as "Criterion".

Would you like to receive contribution envelopes at home?

Yes No Send me info for online giving