

CHURCH OF ST. JOSEPH
CHURCH: 435 WEST SEVENTH STREET
PARISH OFFICE: 426 WEST EIGHTH STREET
RED WING MN 55066
651-388-1133
REGISTRATION FORM

ADULT 1 **ENVELOPE #**

Last Name:	Maiden Name:	First Name:	Occupation:
Home Phone:	Date of Birth (MMDDYY)		Cell Phone:
Current address:			
City:	State:	ZIP Code:	
Religion:	E-mail:		

ADULT 2

Last Name:	Maiden Name:	First Name:	Occupation:
Religion:	Date of Birth (MMDDYY)	E-mail:	Cell Phone:

PLEASE LIST ALL FAMILY MEMBERS LIVING AT HOME INCLUDING SELF:

Last Name, First Name	M/F	Date of Birth (MMDDYY)	Baptism (MMDDYY)	Reconciliation (MMDDYY)	Eucharist (MMDDYY)	Confirmation (MMDDYY)	Marriage (MMDDYY)	Marital Status (Single, Married, Widowed, Divorced)	Grade (As of September 20__)

ARE YOU WILLING TO VOLUNTEER TIME FOR CHURCH OF ST. JOSEPH ACTIVITIES? YES NO

<p>Liturgical Involvement or Interest:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Eucharistic Minister</td> <td><input type="checkbox"/> Musician</td> <td><input type="checkbox"/> Money Counting</td> <td><input type="checkbox"/> Altar Server</td> </tr> <tr> <td><input type="checkbox"/> Lector</td> <td><input type="checkbox"/> Child Faith Formation</td> <td><input type="checkbox"/> Social Ministry</td> <td><input type="checkbox"/> Sacristan</td> </tr> <tr> <td><input type="checkbox"/> Hospitality</td> <td><input type="checkbox"/> Adult Faith Formation</td> <td><input type="checkbox"/> Choir</td> <td><input type="checkbox"/> Project Coordinator</td> </tr> </table>	<input type="checkbox"/> Eucharistic Minister	<input type="checkbox"/> Musician	<input type="checkbox"/> Money Counting	<input type="checkbox"/> Altar Server	<input type="checkbox"/> Lector	<input type="checkbox"/> Child Faith Formation	<input type="checkbox"/> Social Ministry	<input type="checkbox"/> Sacristan	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Adult Faith Formation	<input type="checkbox"/> Choir	<input type="checkbox"/> Project Coordinator	<p>Please list any talents or skills you offer:</p>
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