



**St. Joseph**  
Catholic Church  
10519 N. Main Street • Richmond, IL 60071

# Parish Registration Form

Primary Head of Household					Secondary Head of Household / Spouse (if any)				
First Name					First Name				
Last Name					Last Name				
Birth Date					Birth Date				
Occupation/ Employer					Occupation/ Employer				
Phone Contact					Phone Contact				
Email Contact					Email Contact				
Please select Yes or No to the categories below for Primary.					Please select Yes or No to the categories below for Secondary.				
Catholic <input type="checkbox"/> yes <input type="checkbox"/> no	Baptized <input type="checkbox"/> yes <input type="checkbox"/> no	Confession <input type="checkbox"/> yes <input type="checkbox"/> no	1st Euchaist <input type="checkbox"/> yes <input type="checkbox"/> no	Confirmed <input type="checkbox"/> yes <input type="checkbox"/> no	Catholic <input type="checkbox"/> yes <input type="checkbox"/> no	Baptized <input type="checkbox"/> yes <input type="checkbox"/> no	Confession <input type="checkbox"/> yes <input type="checkbox"/> no	1st Euchaist <input type="checkbox"/> yes <input type="checkbox"/> no	Confirmed <input type="checkbox"/> yes <input type="checkbox"/> no
Address, City, State, Zip Code									
Primary & Secondary Married?	<input type="checkbox"/> yes <input type="checkbox"/> no	Date Married	Location Married, Facility, City, State						
Name of Child or other Adults In household, if any	Birth Date	Grade / School (if minor)	Baptized	Confession	1st Euchaist	Confirmed			
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
List additional children on a separate sheet of paper and attach to this original - area below for office use only									
Date Received / Notes	Pastor	PDS	DioMail	Parish Life	OSV	Welcome			