



New Parishioner Registration Form



FAMILY NAME _____ TODAY'S DATE _____

ADDRESS _____ CITY/ZIP _____

PRIMARY PHONE _____ OTHER _____

EMAIL _____ OTHER _____

WITH WHICH PARISH WOULD YOU LIKE TO REGISTER?

_____ ST. JOSEPH CROSBY _____ OUR LADY OF FATIMA GARRISON

We want to get to know you. Please briefly share with us your faith journey. What led you to the parishes of St. Joseph and Our Lady of Fatima? You may attach additional sheets if necessary.

Tell us why you are registering in the parish. What are you seeking? _____

Do you have any questions for the parishes? _____

Part of belonging to a parish community is supporting the church financially. You will receive envelopes for your financial contributions. Do you have any questions or reservations about this expectation?
