

# CATHOLIC CHURCHES OF ST. JOSEPH - 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? \_\_\_\_\_ CROSBY \_\_\_\_\_ DEERWOOD

PREVIOUS PARISH \_\_\_\_\_ CITY/STATE \_\_\_\_\_



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

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

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Do you have any questions for the parishes? \_\_\_\_\_

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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?

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The following information is used by us to help us know your needs and your situation. It will not be made public.

**HEAD(S) OF HOUSEHOLD**

First Name (Nickname) Last Name	Sex (M/F)	Date of Birth	Religion	Date of Baptism	Occupation

MARITAL STATUS: \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOW \_\_\_\_\_ DIVORCED \_\_\_\_\_ ENGAGED \_\_\_\_\_ OTHER

CATHOLIC MARRIAGE? \_\_\_\_ YES \_\_\_\_ NO      DATE OF MARRIAGE: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

**CHILDREN LIVING AT HOME**

First Name (Nickname) Last Name	Sex (M/F)	Date of Birth	Date of Baptism	Church of Baptism (Name/Address)	Eucharist? (Y/N)	Confirmed? (Y/N)

<p>OFFICE USE ONLY:</p> <p> <input type="checkbox"/> CDM                      <input type="checkbox"/> OSV                      <input type="checkbox"/> NCROSS                      <input type="checkbox"/> MG                      <input type="checkbox"/> R. ED             </p>
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