



Family Contact Information

** We encourage parishioners age 21 or over to fill out their own personal parish registration form.*

Family Name: _____

Today's Date: _____

Home Phone: _____ Listed Unlisted

Street Address: _____

Family E-mail: _____

City: _____ State: _____ Zip: _____

Family Member Information

Please list only family members who are currently living at the street address listed above.

Indicate Sacraments Received

Family Member Full Names	Gender	Birth Date (mm/dd/yy)	Marital Status	Employer, School, Grade	E-mail Address	Cell Phone	Indicate Sacraments Received		
							Baptism	1 st Eucharist	Confirmation
Self		/ /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse		/ /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child <input type="checkbox"/> Other (check box)		/ /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child <input type="checkbox"/> Other (check box)		/ /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child <input type="checkbox"/> Other (check box)		/ /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child <input type="checkbox"/> Other (check box)		/ /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child <input type="checkbox"/> Other (check box)		/ /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child <input type="checkbox"/> Other (check box)		/ /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child <input type="checkbox"/> Other (check box)		/ /					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which method do you prefer for weekly offertory?

Receive parish envelopes (or) Electronic Giving (OVER)

Are you or a member of your family interested in or would like more information on any of the following?

Liturgical Ministry:

Eucharistic Ministers_____ Lector_____ Rosary Leader_____ Usher_____

Door Porter_____ Server_____ Choir_____

Classes:

CCD Classes_____ RCIA_____ Catholic Way Bible Study_____

Groups:

Knights of Columbus_____ Altar Society_____ Spirit Sisters_____ Men's Group_____

Committees:

Bereavement Committee_____ Decorating Committee_____ St. Vincent DePaul Society_____

Fundraising:

Ice Cream Social_____ Rod Run_____