



ST. JOSEPH CATHOLIC CHURCH REGISTRATION INFORMATION

Family Information

Family Name: _____
Last

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate/Cell Phone: _____

Name and address of parish from which you are transferring: _____

Do you wish to tithe by EFT or envelopes? EFT Envelope
Do you wish to receive the Catholic Times? Y N (If yes, please submit \$17 to parish office)

Family Member Information

Please include all children living at home under age of 26

Head(s) of Household

Last Name *First Name* *Middle Name & (Maiden Name if applicable)* **Male**
Female
 Single Married
 Divorced Widowed *Email address* *Cell Phone Number*

Date of Birth *Place of Birth* *Baptism Date (Approx)* *Parish Name – City & State*

Occupation *Place of Employment* *School/Last Grade Completed* *Degree*
 Catholic Other Faith _____

Last Name *First Name* *Middle Name & (Maiden Name if applicable)* **Male**
Female
 Single Married
 Divorced Widowed *Email address* *Cell Phone Number*

Date of Birth *Place of Birth* *Baptism Date (Approx)* *Parish Name – City & State*

Occupation *Place of Employment* *School/Last Grade Completed* *Degree*
 Catholic Other Faith _____

Sacrament of Matrimony: Valid Sacramental Marriage

Date *Parish/Church* *City & State*

- Married in Catholic church by Priest or Deacon
- Married with permission to marry in another church outside Catholic church



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Family Member Information

Children

1. _____ **Male**
Last Name **First Name** **Middle Name** **Female**

Date of Birth *Place of Birth* *School* *Last Grade Completed*

Baptism _____
Date *Parish* *City, State*

First Communion _____
Date *Parish* *City, State*

Reconciliation _____
Date *Parish* *City, State*

Confirmation _____
Date *Parish* *City, State*

2. _____ **Male**
Last Name **First Name** **Middle Name** **Female**

Date of Birth *Place of Birth* *School* *Last Grade Completed*

Baptism _____
Date *Parish* *City, State*

First Communion _____
Date *Parish* *City, State*

Reconciliation _____
Date *Parish* *City, State*

Confirmation _____
Date *Parish* *City, State*

3. _____ **Male**
Last Name **First Name** **Middle Name** **Female**

Date of Birth *Place of Birth* *School* *Last Grade Completed*

Baptism _____
Date *Parish* *City, State*

First Communion _____
Date *Parish* *City, State*

Reconciliation _____
Date *Parish* *City, State*

Confirmation _____
Date *Parish* *City, State*

4. _____ **Male**
Last Name **First Name** **Middle Name** **Female**

Date of Birth *Place of Birth* *School* *Last Grade Completed*

Baptism _____
Date *Parish* *City, State*

First Communion _____
Date *Parish* *City, State*

Reconciliation _____
Date *Parish* *City, State*

Confirmation _____
Date *Parish* *City, State*



ST. JOSEPH CATHOLIC CHURCH REGISTRATION INFORMATION

Ministry Information

St. Joseph has many ministries that are 100% dependent on YOU! As Mother Teresa said, "*In this life we cannot always do great things. But we can do small things with GREAT love.*" Please check as many ministries below that you are interested in.

We welcome you to join one or more of these ministries:

- Bible Study
- Children's Liturgy of the Word
- Eucharistic Adoration
- Knights of Columbus Council #12772
- Ministry at Mass
 - Lector
 - Eucharistic Minister
 - Music
 - Serving
 - Ushering
 - Communion to Shut-Ins
- Parish School of Religion (1st–8th graders)
- Rosary Garden
- Saint Martin de Porres Outreach
- Social events such as Corks, Caps & Cuisine, the Parish Picnic, pot lucks, or bereavement luncheons
- That Man is You! – for men
- Vacation Bible School
- Walking With Purpose – for women
- YDisciple Youth Group (8th–12th graders)
- Other gift you can share with the church _____

Discover Jesus while sharing your gifts with your church!