

ID / Env. # _____ (office use only)

St. Joseph Catholic Church

Member Registration Form

(Please complete one per family member. You may register non-catholic members, it's up to you)

MEMBER DETAIL:

Last Name:	_____	First Name:	_____
Middle Name:	_____	Nickname:	_____
Maiden Name:	_____	Title:	_____
		Suffix:	_____

PERSONAL:

Birth Date:	_____	Gender:	_____
Occupation:	_____	Marrital Status:	_____
Hobbies:	_____	Religion:	_____

CONTACT INFO:

Street Address:	_____	Mailing Address	_____
City, State, Zip:	_____	(if different):	_____
Phone:	_____	Home / Cell / Work	Unlisted? Y N
Phone:	_____	Home / Cell / Work	Unlisted? Y N
E-mail:	_____		Home / Work
E-mail:	_____		Home / Work

SACRAMENTS:

Birthplace:	_____	Father:	_____
Mother:	_____	Mother's Maiden:	_____

Baptism:

Baptismal Name:	_____		
Date:	_____	Are you guessing or sure about the date?	
Performed By:	_____		
Church Name:	_____		
Church Address:	_____		
(Can be found on	_____		
www.masstimes.org)	_____		
Godparents / Sponsor	_____		

First Communion:

Date:	_____	Are you guessing or sure about the date?	
Performed By:	_____		
Church Name:	_____		
Church Address:	_____		
(Can be found on	_____		
www.masstimes.org)	_____		

Confirmation:

Confirmation Name:	_____		
Date:	_____	Are you guessing or sure about the date?	
Performed By:	_____		
Church Address:	_____		
(Can be found on	_____		
www.masstimes.org)	_____		
Sponsor Name	_____		

Marriage

Spouse Name:	_____		
Date:	_____	Are you guessing or sure about the date?	
Performed By:	_____		
Church Address:	_____		
(Can be found on	_____		
www.masstimes.org)	_____		
Witnesses:	_____		

MINISTRIES: I would like to volunteer for the following ministries:
