



Parishioner Registration Form

New Updated

Family Name: _____

Address: _____ City: _____ Zip Code: _____

Home Telephone #: _____ Check if Unlisted ()

Family E-mail Address: _____

ADULT INFORMATION

First Name: _____ MI: _____ Cell Phone #: _____

Single () Married () Divorced () Widowed ()

Birth Date	M/F	Religion	Sacraments Received	Anniversary
			Baptism, Communion, Confirmation, Marriage () () () ()	

Spouse's Name: _____ MI: _____ Cell Phone #: _____

Single () Married () Divorced () Widowed ()

Birth Date	M/F	Religion	Sacraments Received	Anniversary
			Baptism, Communion, Confirmation, Marriage () () () ()	

DEPENDENT INFORMATION (LIVING AT HOME)

Name MI (Last if different)	Birth Date	M/F	Grade	Baptized (Yr.)	Communion (Yr.)	Confirmation (Yr.)

Emergency Contact (other than residence):

Name: _____ Relationship: _____ Telephone: _____

Would you like to receive envelopes?: Yes _____ No: _____

Number (to be assigned by the Office): _____

(OVER)

VOLUNTEER CATEGORIES:

Music: Describe your talent _____

Servers: _____

Eucharistic Minister: _____ Lector: _____

Usher: _____ Religion Teacher; _____

Liturgy: _____ Faith Formation: _____

Prayer Chain: _____ Care Ministry: _____

Fundraising: _____ Quilting: _____

Youth Group: _____ Buildings/maintenance: _____

The fruit of love is service, which is compassion in action –Mother Teresa

It is not what you donate, it that you donate. Please volunteer!

Updated February 6, 2020