

ST. JOSEPH
ROMAN CATHOLIC CHURCH 
PARISH REGISTRATION FORM

PARISH ID# _____
Office use only

PLEASE PRINT ALL INFORMATION

FAMILY LAST NAME: _____ WOULD YOU LIKE OFFERTORY ENVELOPES ☐ YES ☐ NO DATE: _____
ADDRESS: _____ APT# _____
CITY: _____ STATE: _____ ZIP CODE: _____

MEMBER INFORMATION: TITLE: <input type="checkbox"/> MR & MRS <input type="checkbox"/> MR HEAD OF HOUSEHOLD <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE MAIDEN NAME _____ FULL NAME: _____ DATE OF BIRTH: _____ RELIGION: _____ LANGUAGE(S): _____ HOME COUNTRY: _____ CELL PHONE: _____ OCCUPATION: _____ EMAIL: _____ SACRAMENT DATES: <input type="checkbox"/> BAPTIZED _____ <input type="checkbox"/> 1 st COMMUNION _____ <input type="checkbox"/> CONFIRMATION _____ MARRIAGE DATE _____	<input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS OTHER _____ SPOUSE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE MAIDEN NAME _____ FULL NAME: _____ DATE OF BIRTH: _____ RELIGION: _____ LANGUAGE(S): _____ HOME COUNTRY: _____ CELL PHONE: _____ OCCUPATION: _____ EMAIL: _____ SACRAMENT DATES: <input type="checkbox"/> BAPTIZED _____ <input type="checkbox"/> 1 st COMMUNION _____ <input type="checkbox"/> CONFIRMATION _____ MARRIAGE DATE _____
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MARITAL STATUS: ☐ SINGLE ☐ MARRIED IN CATHOLIC CHURCH ☐ CIVIL MARRIAGE ➡ (INTERESTED IN CON-VALIDATION?) ☐ YES ☐ NO
☐ WIDOWED ☐ COHABITATING ☐ DIVORCED ➡ ☐ ANNULLED ☐ YES ☐ NO ➡ (INTERESTED IN PETITIONING FOR ANNULMENT?) ☐ YES ☐ NO

OTHER ADULTS LIVING IN THIS HOUSEHOLD

NAME: _____ ☐ MALE ☐ FEMALE RELATIONSHIP: _____
DATE OF BIRTH: _____ RELIGION: _____ LANGUAGE(S): _____ HOME COUNTRY: _____
DATES: ☐ BAPTIZED _____ ☐ 1st COMMUNION _____ ☐ CONFIRMATION _____ MARITAL STATUS: _____

NAME: _____ ☐ MALE ☐ FEMALE RELATIONSHIP: _____
DATE OF BIRTH: _____ RELIGION: _____ LANGUAGE(S): _____ HOME COUNTRY: _____
DATES: ☐ BAPTIZED _____ ☐ 1st COMMUNION _____ ☐ CONFIRMATION _____ MARITAL STATUS: _____

CHILDREN LIVING AT HOME

FIRST NAME: _____ MIDDLE: _____ LAST: _____ PREFERRED: _____ ☐ MALE ☐ FEMALE

DATE OF BIRTH: _____ LANGUAGE(S): _____ PLACE OF BIRTH: _____ RELATIONSHIP: _____ GRADE: _____

SACRAMENTS: BAPTISM FIRST COMMUNION CONFIRMATION

DATE

CHURCH

CITY, STATE

FIRST NAME: _____ MIDDLE: _____ LAST: _____ PREFERRED: _____ ☐ MALE ☐ FEMALE

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CITY, STATE