

New Member Registration

Family Name (Print):
Mailing Address:
Street Address (if different):
City: State: Zip:
Phone Number: _()
Email address(es):(Bulletins are sent weekly via email) Marital Status:SingleMarriedSeparatedDivorcedWidowed
Spouse A Full Name: Maiden:
Preferred Name to be called:
Title (circle one): Mr. Ms. Dr. other:
Date of Birth: Religion:
Occupation/Job Title:
Email address:
Cell Phone:
Sacraments Received: Baptism, First Communion, Confirmation
Spouse B Full Name: Maiden:
Preferred Name to be called:
Title (circle one): Mr. Ms. Dr. other:
Date of Birth: Religion:
Occupation/Job Title:
Email address:
Cell Phone:
Sacraments Received: Baptism, First Communion, Confirmation

List CHILDREN under the age of 21

			0252	ander ene	. 460 01				
LAST Name	FIRST Name	M/F	Date of Birth	Religion	Lives at home Y/N	Date of Baptism & Church of Baptism	First Com- munion Y/N	Confir- mation Y/N	School Name and Grade level
	fer to donate to the finElectronic Ba Please place a ch	nk Tra	nsfer nark [√] ne	Electronic	tem(s) t		or your		
Liturgical	<u>You</u>	th_		<u>0</u>	rganizat	ions/Commit	tees/Vol	unteer	
Interested	Inte	erested		lı	Interested				
Altar Ser	ver	Faith Formation			Knights of Columbus				
Usher		Youth Group			Parish Life Committee				
Sacristan		Choir			Liturgy Committee				
Lector					Faith Formation Committee				
Gift Bearers					Social Justice Committee				
Eucharistic Minister					Funeral Luncheons				
Music/Cl	hoir					Parish Center (Cleaners		
Family Special Need Ro	eallests								
(i.e: Homebound, Annu	-	g, etc.):							
Office Use Only:									
Date:	Entered in Database:		Bulle	tin Email:		OSV Hub/AC	Н:		

Other: ____

____ Updated: __

Registration: New: ___

Env. # ____