

**ST. JOSEPH ROMAN CATHOLIC CHURCH**  
**FAMILY REGISTRATION FORM**

REGISTRATION DATE: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ MARRIED - CATHOLIC CHURCH  
 \_\_\_\_\_ MARRIED - OTHER  
 \_\_\_\_\_ SINGLE  
 \_\_\_\_\_ WIDOWED  
 \_\_\_\_\_ DIVORCED  
 \_\_\_\_\_ SEPARATED

DATE OF MARRIAGE: \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE SUNDAY COLLECTION ENVELOPES?  
 (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

**MEMBERS OF FAMILY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Sacraments		(Yes)	(Year)	(No)
Received:	Baptism	_____	_____	_____
	Reconciliation	_____	_____	_____
	First Communion	_____	_____	_____
	Confirmation	_____	_____	_____

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Sacraments		(Yes)	(Year)	(No)
Received:	Baptism	_____	_____	_____
	Reconciliation	_____	_____	_____
	First Communion	_____	_____	_____
	Confirmation	_____	_____	_____

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Sacraments Received:		(Yes)	(Year)	(No)
Baptism	_____	_____	_____	_____
Reconciliation	_____	_____	_____	_____
First Communion	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Sacraments Received:		(Yes)	(Year)	(No)
Baptism	_____	_____	_____	_____
Reconciliation	_____	_____	_____	_____
First Communion	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Sacraments Received:		(Yes)	(Year)	(No)
Baptism	_____	_____	_____	_____
Reconciliation	_____	_____	_____	_____
First Communion	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

Please indicate below any ministries or groups in which family members would like to participate:

- Lector \_\_\_\_\_
- Eucharistic Minister \_\_\_\_\_
- Usher \_\_\_\_\_
- Greeter \_\_\_\_\_
- Altar Server \_\_\_\_\_
- Choir \_\_\_\_\_
- Knights of Columbus \_\_\_\_\_
- Faith Formation or Youth Ministry \_\_\_\_\_
- Prime Timers \_\_\_\_\_
- Health & Wellness Ministry \_\_\_\_\_
- Ministry to Sick and Homebound \_\_\_\_\_
- Family Life Commission \_\_\_\_\_
- Community Life Commission \_\_\_\_\_
- Prison Ministry \_\_\_\_\_
- Respect Life \_\_\_\_\_
- Respite \_\_\_\_\_

Are there other ways you would like to volunteer or use your talents to help parishioners, the community or the church? Please list: \_\_\_\_\_

Do you know someone who is shut-in and/or who would like one or more visits from someone at St. Joseph's? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_. If yes, please list:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_