

Family Name _____ Telephone _____ Cell Home Telephone _____ Cell Home

Address _____ City _____ Zip Code _____

E-mail Address _____ Previous Parish _____

Name	Date of Birth	Religion (if not Catholic)	Baptism	First Communion	Confirmation	Were you Married in the Catholic Church?	Occupation
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	

List Only Those Currently in Household (Children or Other Relatives)	Relationship	Date of Birth	Gender	Religion (if not Catholic)	Baptism	First Communion	Confirmation
	<input type="checkbox"/> Child <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Child <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate your willingness to serve Christ in the following Parish Ministries. If "YES", please indicate interested family member(s) in space provided.

Lector: Yes _____ Communion Minister: Yes _____ Sick Ministry: Yes _____

RCIA Instructor: Yes _____ PRE Instructor: Yes _____ Bible Study: Yes _____

Altar Server (Children who have made First Communion ONLY): Yes _____

Usher: Yes _____ Choir: Yes _____ Altar Society: Yes _____

Please indicate in the space provided any special charisms (gifts) you possess which can be used to serve God, the Church, and the Community:
