

Today's Date: _____

Mailing Name: _____

Home Address: _____ Primary Phone: _____

City/State/ZIP: _____ Primary Email: _____

Marital Status: _____
(Single, Married, Widowed, Divorced)

If applicable, please provide the following:

Wedding Date: _____

Married by Priest/Deacon? Yes ___ No ___

Wedding Church/City: _____

<u>Head of Household</u>	<u>Spouse</u>
Name: _____ (First, Middle, Last)	Name: _____ (First, Middle, Last)
Maiden Name (if applicable): _____	Maiden Name (if applicable): _____
Date of Birth (mm/dd/yyyy): _____	Date of Birth (mm/dd/yyyy): _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Religion: Catholic ___ Other ___ If Catholic, Active? ___ Inactive? ___	Religion: Catholic ___ Other ___ If Catholic, Active? ___ Inactive? ___
Sacramental Information: (If sacrament NOT received at St. Joseph, please include place and dates if known.)	
Baptized?: ___ (Y/N) Place/Date: _____	Baptized?: ___ (Y/N) Place/Date: _____
OCIA/RCIA?: ___ (Y/N) Place/Date: _____	OCIA/RCIA?: ___ (Y/N) Place/Date: _____
Reconciliation?: ___ (Y/N) Place/Date: _____	Reconciliation?: ___ (Y/N) Place/Date: _____
First Eucharist?: ___ (Y/N) Place/Date: _____	First Eucharist?: ___ (Y/N) Place/Date: _____
Confirmation?: ___ (Y/N) Place/Date: _____	Confirmation?: ___ (Y/N) Place/Date: _____

Dependent Children Information: (If sacrament NOT received at St. Joseph, please include place and dates if known.)

Name First, Middle (Last if different)	Gender	Birthdate (mm/dd/yyyy)	Baptized	Reconciliation	Eucharist	Confirmation
	___ M ___ F		___ Y/N Place/Date:	___ Y/N Place/Date:	___ Y/N Place/Date:	___ Y/N Place/Date:
Catholic? ___ Y/N						
	___ M ___ F		___ Y/N Place/Date:	___ Y/N Place/Date:	___ Y/N Place/Date:	___ Y/N Place/Date:
Catholic? ___ Y/N						
	___ M ___ F		___ Y/N Place/Date:	___ Y/N Place/Date:	___ Y/N Place/Date:	___ Y/N Place/Date:
Catholic? ___ Y/N						
	___ M ___ F		___ Y/N Place/Date:	___ Y/N Place/Date:	___ Y/N Place/Date:	___ Y/N Place/Date:
Catholic? ___ Y/N						
	___ M ___ F		___ Y/N Place/Date:	___ Y/N Place/Date:	___ Y/N Place/Date:	___ Y/N Place/Date:
Catholic? ___ Y/N						

If more than 5 dependent children, please include a separate sheet listing additional children's information.

If you are not receiving St. Joseph Church contribution envelopes, would you like to receive them? Yes ___ No ___

Do you or members of your household have any special skills/talents/interests that could be used to aid our parish and school? If so, please mark and include names of family members in the spaces below:

Funeral Lunches/Meals:	Church Cleaning:	Gardening/Landscaping:	Artist/Decorating:
Electrician:	HVAC:	Carpentry:	Plumber:
Fundraising:	Musically Talented:	Teaching Skills:	Office Work:
Bible/Book Study:	Finance:	Catechist (PSR):	Other:

Thank you for taking the time to complete this form. Please return to the parish office or place in the Sunday collection basket.