



ST. JOSEPH CHURCH PARISHIONER REGISTRATION

FORM

Family (Last) Name _____ **Registration date** ___/___/___

(Nombre de Familia)

(Fecha)

Address _____ **APT** _____

(Dirrecion)

City/

Zip _____ **Phone** _____

(ciudad)

(Teléfono)

PRIMARY MEMBER INFORMATION

Full

Name _____

(Maiden)

(First)

(Middle)

(Last)

Date of Birth _____ **Cell Phone** _____

(Fecha de Nacimiento)

Religion _____ **Occupation** _____

(Religioso)

Email _____

Sacraments Received- Please check:

Bap

Euc

Confirn

SECOND MEMBER INFORMATION

Full

Name _____

(First)

(Middle)

(Last)

(Maiden)

Date of Birth _____ **Cell Phone** _____

Religion _____ **Occupation** _____

Sacraments Received- Please check:

Bap

Euc

Confir

MARITAL INFORMATION (please check)

us: S Mar Sepa d Div ed Widov Co-hab (living together)

Were you married by a Catholic st? YES NO DATE OF MARRIAGE _____

NAME OF CHURCH _____

If the marriage was not performed by a Catholic priest, was permission obtained from the Catholic Church for the marriage to take place before a mini abbi, or justice? YES NO

Please list the names, birth dates, and sacraments received of each of the children living in your home.

(Por favor de alistar los nombres, fechas de nacimiento y los sacramentos recibidos por cada niño que viva con usted) :

FIRST AND LAST NAME of CHILDREN <i>Nombre y apellido</i>	SEX <i>sexo</i>	BIRTHDATE <i>Fecha de nacimiento</i>	SACRAMENTS <i>sacramentos</i>
1. _____	_____	___/___/___	BAP <input type="checkbox"/>
COM <input type="checkbox"/> CONF <input type="checkbox"/>			
2. _____	_____	___/___/___	BAP <input type="checkbox"/>
COM <input type="checkbox"/> CONF <input type="checkbox"/>			
3. _____	_____	___/___/___	BAP <input type="checkbox"/>
COM <input type="checkbox"/> CONF <input type="checkbox"/>			
4. _____	_____	___/___/___	BAP <input type="checkbox"/>
COM <input type="checkbox"/> CONF <input type="checkbox"/>			
5. _____	_____	___/___/___	BAP <input type="checkbox"/>
COM <input type="checkbox"/> CONF <input type="checkbox"/>			

6. _____ / / _____ BAP

COM CONF

Please specify school information or occupation of the above children.

(Por favor escriba el nombre de la escuela y el grado.)

PREP?	SCHOOL NAME/OCCUPATION	GRADE
	<i>Escuela/Ocupación</i>	<i>Grado</i>
1. School <input type="checkbox"/> Work <input type="checkbox"/>	_____	_____
2. School <input type="checkbox"/> Work <input type="checkbox"/>	_____	_____
3. School <input type="checkbox"/> Work <input type="checkbox"/>	_____	_____
4. School <input type="checkbox"/> Work <input type="checkbox"/>	_____	_____
5. School <input type="checkbox"/> Work <input type="checkbox"/>	_____	_____
6. School <input type="checkbox"/> Work <input type="checkbox"/>	_____	_____

Any children 21 and older living at home must be registered on their own. Registration is very important in order to receive letters of eligibility, showing full and active participation in the church.