



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 _____ (_____)
(First) (Middle) (Last) (Maiden)

Date of Birth _____ Cell Phone _____
(Fecha de Nacimiento)

Religion _____ Occupation _____
(Religioso) Email _____

Sacraments Received- Please check:

Baptism

Eucharist

Confirmation

Name of Church baptized: _____ City _____ State _____

SECOND MEMBER INFORMATION

Full Name _____
(First) (Middle) (Last) (Maiden)

Date of Birth _____ Cell Phone _____

Religion _____ Occupation _____

Sacraments Received- Please check:

Baptism

Eucharist

Confirmation

Name of Church baptized: _____ City _____ State _____

MARITAL INFORMATION (please check)

Status: Single Married Separated Divorced Widowed Co-hab (living together)

If married, were you married by a Catholic Priest? YES NO DATE OF MARRIAGE _____

NAME OF CHURCH _____ PLACE _____

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 minister, rabbi, 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 <input type="checkbox"/> COM <input type="checkbox"/> CONF <input type="checkbox"/>

Please specify school information or occupation of the above children.

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

SCHOOL NAME/OCCUPATION <i>Escuela/Ocupación</i>	GRADE <i>Grado</i>	PREP?
1. School _____	_____	_____
2. School _____	_____	_____
3. School _____	_____	_____
4. School _____	_____	_____
5. School _____	_____	_____
6. School _____	_____	_____

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.