



Parish Registration Form

Family Last Name _____ First Name _____ Today's Date _____

Mailing Address _____ Apt # _____ City _____ Zip _____

E-mail Address(es) _____ Phone # _____

Status: Single Married
 Divorced Widowed

If Married: Date of Marriage ___/___/___

(Check all that apply) Civil Marriage/ Catholic Marriage/ Convalidation

If you checked Catholic Marriage or Convalidation, please complete the following:

Bishop/Priest/Deacon who presided at ceremony _____

Church Name _____

Church City/State/Country _____

Please list family members on the back of this form.
 We are happy that you want to be part of our parish family.
 You may give this form to an usher, or drop it off at the Welcome table at any of the weekend masses, or drop it by the Parish Office during the week.

Please circle any ministries you are interested in

Enrolling child in RE (PreK—5th)

Knights of Columbus

Youth Group (Grades 6—12)

Altar Society

Young Adult Ministry (Ages 18—35)

Men's Ministry

Rite of Christian Initiation of Adults (RCIA)

Cub Scouts

I want to explore becoming Catholic

Welcoming Committee

I would like to be a sponsor

Marriage Sponsor Couple

I would like to be a catechist

St. Vincent de Paul Conf.

I would like to help in any way I can

Oktoberfest

Altar Server

Office Volunteer

Usher/Greeter

Small Group Facilitator

Choir

Hispanic Charismatic Grp

Instrumentalist

Catechist for Religious Education

Financial Stewardship Preference
 Monthly Giving Envelopes
 Faith Direct Online Giving

Desired Sacramental Preparation
 Baptism
 Confirmation
 Reconciliation
 Marriage/ Convalidation
 Annulment
 Discerning Religious Formation

Office Use Only
 PDS WC
 MLN

	Primary	Spouse	Dependent	Dependent	Dependent	Dependent
First Name						
Middle Name						
Maiden (if applicable)						
Last Name (if different)						
Preferred Name						
Relationship to Primary	<i>Self</i>	<i>Husband</i>	<i>Daughter/ Son</i>	<i>Daughter/ Son</i>		
Date of Birth						
Religion						
Occupation or School & Grade						
Language (Spoken at home)						
Disability (if applicable)						
Best Contact phone#						
E-mail (if different from front)						
<i>Please list Initiation Sacraments information below</i>						
Baptism Date Church Name, City/State						
First Communion Date Church Name, City/State						
Confirmation Date Church Name, City/State						