

St. Joseph Parish Registration

_____ (envelope number)

_____ (LAST NAME)



_____ (home phone number)

_____ (business or cell number)

Notes: _____

Mailing Name & Address:

Would you like to receive the Catholic Exponent? Yes No One Call Now? Yes No

_____ (First & Middle Name of Husband or Single/Widowed Male)

_____ (Date of Birth)

_____ (City, State of Birth)

_____ (Parents Names)

Religion: _____ Baptized: Yes No

If Baptized, Church & City: _____

Confirmed: Yes No RCIA Convert: Yes No

Marital Status: Married Widowed Single Divorced

If Married, Date & Church/City of Marriage: _____

Attends Mass: Regularly Occasionally Never

Occupation: _____

Employed By: _____

Special Skill or Talent: _____

_____ (First & Middle Name of Wife or Single/Widowed Female)

_____ (Date of Birth)

_____ (City, State of Birth)

_____ (Parents Names)

Religion: _____ Baptized: Yes No

If Baptized, Church & City: _____

Confirmed: Yes No RCIA Convert: Yes No

Marital Status: Married Widowed Single Divorced

Is Current Marriage Validated by the Catholic Church? Yes No

Attends Mass: Regularly Occasionally Never

Occupation: _____

Employed By: _____

Special Skill or Talent: _____

(over)

CHILDREN:

FIRST NAME	MI	LAST NAME (IF DIFFERENT)	SEX (M/F)	BIRTH DATE	RELATIONSHIP	RELIGION	BAPTIZED (Y/N) (DATE)	BAPTISM CHURCH CITY	1 st COMM (Y/N)	CONFIRM (Y/N)	ATTEND CCD (Y/N)	SCHOOL ATTENDS

Do you want help to return to Sacraments after a marriage outside the church? _____

Do you want to get involved in some way beside going to Mass in our parish? _____

If so, how? _____

FILLED OUT BY: _____

DATE: _____

PLEASE RETURN TO:
ST. JOSEPH CHURCH
427 E. BROADWAY ST.
ALLIANCE, OHIO 44601

All information remains confidential.