

# St. Joseph Catholic Church

## Registration Form

MR. ___ MRS. ___ MS. ___ LAST NAME: FIRST NAME:	PRIMARY PHONE: _____ CELL PHONE: _____		
STREET ADDRESS: _____			
DATE OF BIRTH		CITY & STATE OF BIRTH	E-MAIL
MARITAL STATUS MARRIED    DIVORCED    SINGLE    WIDOWED		PRIMARY LANGUAGE SPOKEN _____ ETHNICITY/RACE _____ RELIGION (IF NOT CATHOLIC) _____	
CHURCH OF BAPTISM		DATE:	CITY/STATE OF BAPTISM
CHURCH OF CONFIRMATION		DATE:	CITY/STATE OF CONFIRMATION
CHURCH OF PROFESSION OF FAITH (IF A CONVERT)		DATE:	CITY/STATE OF PROFESSION OF FAITH
<b>SPOUSE'S INFORMATION</b>			
SPOUSE'S FIRST NAME		DATE OF BIRTH	CITY & STATE OF BIRTH
CHURCH OF BAPTISM		DATE:	CITY/STATE OF BAPTISM
CHURCH OF CONFIRMATION		DATE:	CITY/STATE OF CONFIRMATION
CHURCH OF PROFESSION OF FAITH (IF A CONVERT)		DATE:	CITY/STATE OF PROFESSION OF FAITH
PRIMARY LANGUAGE SPOKEN _____ ETHNICITY/RACE _____ RELIGION (IF NOT CATHOLIC) _____		E-MAIL	CELL PHONE
WIFE'S MAIDEN NAME		WHERE WERE YOU MARRIED?	
		CATHOLIC CHURCH	CIVIL CEREMONY    PROTESTANT CHURCH
DATE OF MARRIAGE	CHURCH OF MARRIAGE		CITY/STATE OF MARRIAGE
IF YOU WERE NOT ORIGINALLY MARRIED IN A CATHOLIC CHURCH, WAS YOUR MARRIAGE EVER VALIDATED ("BLESSED") IN THE CATHOLIC CHURCH?    YES    NO    IF "YES" WHERE AND WHEN _____			
Please give the name and location of any family members who are currently in a nursing home or other care facility:			

Please give the name and contact information for your emergency contact:

**MINOR CHILDREN**

ARE YOUR CHILDREN BEING RAISED IN THE CATHOLIC CHURCH? YES NO

**1<sup>st</sup> Minor Child**

<b>CHILD'S NAME:</b>	MALE FEMALE	DATE OF BIRTH:	CITY OF BIRTH:
CHURCH OF BAPTISM:	CITY/STATE OF BAPTISM:		
CHURCH OF FIRST EUCHARIST	DATE:	CITY/STATE OF FIRST EUCHARIST:	
CHURCH OF CONFIRMATION:	DATE:	CITY/STATE OF CONFIRMATION:	SCHOOL ATTENDING: GRADE:

**2<sup>nd</sup> Minor Child**

<b>CHILD'S NAME:</b>	MALE FEMALE	DATE OF BIRTH:	CITY OF BIRTH:
CHURCH OF BAPTISM:	CITY/STATE OF BAPTISM:		
CHURCH OF FIRST EUCHARIST	DATE:	CITY/STATE OF FIRST EUCHARIST:	
CHURCH OF CONFIRMATION:	DATE:	CITY/STATE OF CONFIRMATION:	SCHOOL ATTENDING: GRADE:

**3<sup>rd</sup> Minor Child**

<b>CHILD'S NAME:</b>	MALE FEMALE	DATE OF BIRTH:	CITY OF BIRTH:
CHURCH OF BAPTISM:	CITY/STATE OF BAPTISM:		
CHURCH OF FIRST EUCHARIST	DATE:	CITY/STATE OF FIRST EUCHARIST:	
CHURCH OF CONFIRMATION:	DATE:	CITY/STATE OF CONFIRMATION:	SCHOOL ATTENDING: GRADE:

**4<sup>th</sup> Minor Child**

<b>CHILD'S NAME:</b>	MALE FEMALE	DATE OF BIRTH:	CITY OF BIRTH:
CHURCH OF BAPTISM:	CITY/STATE OF BAPTISM:		
CHURCH OF FIRST EUCHARIST	DATE:	CITY/STATE OF FIRST EUCHARIST:	
CHURCH OF CONFIRMATION:	DATE:	CITY/STATE OF CONFIRMATION:	SCHOOL ATTENDING: GRADE:

**PLEASE USE ANOTHER SHEET OF PAPER FOR ADDITIONAL CHILDREN**