



MEMBERSHIP FORM
MARY, MOTHER OF GOD PARISH

705 E. Jefferson St. Washington, IL 61571 (309) 444-3524

HOME CHURCH: ST. PATRICK ☐
HOME CHURCH: ST. MONICA ☐

Date: _____

Envelope #: _____

Letter: _____

For Office Use Only

HEAD OF HOUSEHOLD (SEE ADULT #1 BELOW)

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Home #: _____ ☐ Unlisted; please do not share.

City, State, Zip: _____ Cell #: _____

Email: _____

ADDITIONAL ADULT INFORMATION INCLUDING HEAD OF HOUSEHOLD (ADULT #1)

First Name: **ADULT #1.** _____ **ADULT #2. First Name:** _____

Gender: ☐ M ☐ F (Maiden) _____ ☐ M ☐ F (Maiden) _____

DOB (mm/dd/yyyy): ____/____/____ ____/____/____

Cell Phone: _____

Email Address: _____

Company & Profession: _____

Religion (if not Catholic) _____

☐ I am interested in becoming Catholic

☐ I am interested in becoming Catholic

Sacraments Received:	<input type="checkbox"/> Catholic Baptism <input type="checkbox"/> Reconciliation	<input type="checkbox"/> Catholic Baptism <input type="checkbox"/> Reconciliation
	Faith of Baptism if not Catholic: _____	Faith of Baptism if not Catholic: _____
	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
	<input type="checkbox"/> Marriage in the Catholic Church	<input type="checkbox"/> Marriage in the Catholic Church
	<input type="checkbox"/> Anointing of the Sick	<input type="checkbox"/> Anointing of the Sick

Marital Status: ☐ Single ☐ Widowed ☐ Separated ☐ Single ☐ Widowed ☐ Separated

☐ Married ☐ Annulled ☐ Divorced ☐ Married ☐ Annulled ☐ Divorced

DEPENDENT INFORMATION

First Name	Middle Name	Last Name	Gender	Relationship to Head of Household	Date of Birth	Office Use/PS
1.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						
2.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						
3.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						
4.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						
5.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						
6.			<input type="checkbox"/> M <input type="checkbox"/> F			
Sacraments Rcvd: <input type="checkbox"/> Catholic Baptism (Faith of Baptism if not Catholic: _____) <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation						
Religious Education Attending: <input type="checkbox"/> Bible Study <input type="checkbox"/> Youth Ministry (teen) <input type="checkbox"/> CCD <input type="checkbox"/> St. Patrick School						

ADDITIONAL ADULTS IN HOUSEHOLD

Last Name	First Name	Relationship to Head of Household

Please list and complete a separate form.

SHARING GOD'S GIFTS OF TIME AND TALENT (NON-CONFIDENTIAL)

To begin participating in any of the following ministries, please write the first name of the interested family member adjacent to the listed ministry. *Some ministries may require Diocesan approval/training.

Family Last Name: _____

Email Address: _____

Phone Number: _____

PLEASE WRITE FIRST NAME OF PERSON INTERESTED IN THE FOLLOWING MINISTRIES UNDER THE CORRECT COLUMN:					
	ST. PATRICK	ST. MONICA		ST. PATRICK	ST. MONICA
LITURGICAL MINISTRIES			<input type="checkbox"/> Gardener		
<input type="checkbox"/> Altar Server			<input type="checkbox"/> Lector		
<input type="checkbox"/> Choir Singer			<input type="checkbox"/> Usher		
<input type="checkbox"/> Choir Instrumental			<input type="checkbox"/> Sacristan		
<input type="checkbox"/> Church Cleaner			<input type="checkbox"/> Seasonal Decorator		
<input type="checkbox"/> EMHC					
OUTREACH MINISTRIES			<input type="checkbox"/> Hospitality/Welcome		
<input type="checkbox"/> Charity in Truth			<input type="checkbox"/> Food Pantry		
<input type="checkbox"/> Elizabeth Ministry			<input type="checkbox"/> Meals Ministry		
<input type="checkbox"/> Funeral Meals			<input type="checkbox"/> Parish Nurses		
<i>Circle: I can provide a dish / I can help with dinners</i>			<input type="checkbox"/> Respect Life		
EDUCATIONAL MINISTRIES			<input type="checkbox"/> O.C.I.A.		
<input type="checkbox"/> Bible Study			<input type="checkbox"/> Retreats/Missions		
<input type="checkbox"/> CCD Teacher			<input type="checkbox"/> School Volunteer		
FELLOWSHIP MINISTRIES			<input type="checkbox"/> Fun After 50		
<input type="checkbox"/> Card Clubs			<input type="checkbox"/> Knights of Columbus		
<input type="checkbox"/> Coffee/Donuts Helper			<input type="checkbox"/> Ladies Guild		
<input type="checkbox"/> Family Movie Night			<input type="checkbox"/> Seniors Luncheon		
<p>I have a special talent or skill I am willing to share: _____</p> <p>Please indicate skill or talent: _____</p> <p style="font-size: small; text-align: center;"><i>examples: sewing, art, sign language, carpentry, painting, florals, editing, computer software skills, etc</i></p>					

NOTES: