



## NEW PARISHIONER REGISTRATION FORM

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

ID/Envelope # \_\_\_\_\_

| Household                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Family LAST Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Apt          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State PA Zip |
| Primary Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |
| Primary Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |
| <input type="checkbox"/> Single, never married <input type="checkbox"/> Married in the Catholic Church <input type="checkbox"/> Christian marriage (not in the Catholic Church)<br><input type="checkbox"/> Non-Christian marriage <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Civilly Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> Annulled<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Marriage Date: _____ Location: _____ |              |

|                                                | Head of Household | Spouse / Other Adult |
|------------------------------------------------|-------------------|----------------------|
| Preferred Title<br>(Dr., Mr., Ms., etc.)       |                   |                      |
| Formal Name<br>(First, Middle, Last)           |                   |                      |
| Ethnicity                                      |                   |                      |
| Primary language                               |                   |                      |
| Religion                                       |                   |                      |
| Birthday                                       |                   |                      |
| Phone                                          |                   |                      |
| Email                                          |                   |                      |
| Occupation (optional)                          |                   |                      |
| Baptism Date, Church<br>Name, City, State      |                   |                      |
| Confirmation Date,<br>Church Name, City, State |                   |                      |

## NEW PARISHIONER REGISTRATION FORM

| Children in Household (please list youngest to oldest) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                                      | <p>First Name: _____ Middle Name: _____ Last Name: _____</p> <p>Relation to Head of Household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____</p> <p>Date of birth: _____ Grade: _____ School: _____</p> <p>Sacraments Received? <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage</p> <p>Dates of Sacraments: ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____</p> |
| 2                                                      | <p>First Name: _____ Middle Name: _____ Last Name: _____</p> <p>Relation to Head of Household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____</p> <p>Date of birth: _____ Grade: _____ School: _____</p> <p>Sacraments Received? <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage</p> <p>Dates of Sacraments: ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____</p> |
| 3                                                      | <p>First Name: _____ Middle Name: _____ Last Name: _____</p> <p>Relation to Head of Household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____</p> <p>Date of birth: _____ Grade: _____ School: _____</p> <p>Sacraments Received? <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage</p> <p>Dates of Sacraments: ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____</p> |
| 4                                                      | <p>First Name: _____ Middle Name: _____ Last Name: _____</p> <p>Relation to Head of Household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____</p> <p>Date of birth: _____ Grade: _____ School: _____</p> <p>Sacraments Received? <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage</p> <p>Dates of Sacraments: ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____</p> |
| 5                                                      | <p>First Name: _____ Middle Name: _____ Last Name: _____</p> <p>Relation to Head of Household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____</p> <p>Date of birth: _____ Grade: _____ School: _____</p> <p>Sacraments Received? <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage</p> <p>Dates of Sacraments: ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____</p> |

*If you need more space, please provide information on an additional sheet*

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### Other Information

What would you like us to know about you and/or your family? Are there specific things we can help with, or sacraments for which you would like to prepare?

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### Ministry Involvement

Mark which ministries you are interested in learning more about.

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Sacristan<br><input type="checkbox"/> Extraordinary Minister<br><input type="checkbox"/> Altar Server<br><input type="checkbox"/> Lector (Reader)<br><input type="checkbox"/> Choir<br><input type="checkbox"/> Usher<br><input type="checkbox"/> Greeter | <input type="checkbox"/> Youth Religious Education<br><input type="checkbox"/> Adult Faith Formation (OCIA)<br><input type="checkbox"/> Altar Rosary Society<br><input type="checkbox"/> Charismatic Prayer Group<br><input type="checkbox"/> Knights of Columbus<br><input type="checkbox"/> Small Group Faith Sessions |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Financial Support

All parish families do their best to support the evangelizing mission of the parish through regular tithing. While we can't all give at the same level, we can all give according to our financial blessings.

- ☐ Please send me a link to set up my own recurring gift using my credit or debit card.
- ☐ Please send us weekly envelopes so we can contribute using check or cash during offertory.
- ☐ Other: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b><i>What are your gifts and talents?</i></b><br><br><input type="checkbox"/> Accounting<br><input type="checkbox"/> Arranging Flowers<br><input type="checkbox"/> Carpentry<br><input type="checkbox"/> Civil Law<br><input type="checkbox"/> Coaching<br><input type="checkbox"/> Cooking / Serving<br><input type="checkbox"/> Electrical Work<br><input type="checkbox"/> Foreign Language<br>Which? _____<br><input type="checkbox"/> Lawn Care / Gardening<br><input type="checkbox"/> Painting<br><input type="checkbox"/> Photography<br><input type="checkbox"/> Planning / Organizing<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> Sign Language<br><input type="checkbox"/> Teaching<br><input type="checkbox"/> Theology<br><input type="checkbox"/> Working with youth | <b><i>Please indicate where you might want to volunteer:</i></b><br><br><b><u>Liturgical Ministries:</u></b><br><br><input type="checkbox"/> Sacristan<br><input type="checkbox"/> Extraordinary Minister<br><input type="checkbox"/> Altar Server<br><input type="checkbox"/> Lector (Reader)<br><input type="checkbox"/> Choir<br>___ Singing<br>___ Instrumental<br><input type="checkbox"/> Usher<br><input type="checkbox"/> Greeter<br><br><b><u>Church Upkeep:</u></b><br><br><input type="checkbox"/> Cleaning Church/Parish Ctr.<br><input type="checkbox"/> Outside Trimmings, etc. | <b><u>Church Events:</u></b><br><br><input type="checkbox"/> Help Organize Socials<br><input type="checkbox"/> Lenten Seafood Dinners<br><input type="checkbox"/> Parish Picnic<br><br><b><u>Faith Formation:</u></b><br><br><input type="checkbox"/> Administrative<br><input type="checkbox"/> Teach Religious Education<br><input type="checkbox"/> Teach RCIA (for adult converts)<br><input type="checkbox"/> Bible Study<br><br><b><u>Outreach and Fellowship:</u></b><br><br><input type="checkbox"/> Welcome New Parishioners<br><input type="checkbox"/> Visit the sick / homebound |
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