



# ST. JOSEPH CATHOLIC CHURCH

*LA IGLESIA CATÓLICA SAN JOSÉ*

Membership Registration Date: / /20\_\_

Family Name:

Address:

Home Phone:  Unlisted? ☐ Yes ☐ No

If married, anniversary date:  Catholic Marriage? ☐ Yes ☐ No

Tithing Envelopes ☐ Yes ☐ No

## ADULT #1 (18 or older)

Name:      
First Middle Last Maiden (if applicable)

Birth Date: / /  Sex: ☐ Male ☐ Female

Education Level:  Occupation:

Employer:  Phone:

E-mail:

Would you like to receive e-mails from the church about events and information of interest? ☐ Yes ☐ No

Religion practiced:  Baptized? ☐ Yes ☐ No

If Baptized, in what church?    
Church City/State

Confirmed? ☐ Yes ☐ No First Communion? ☐ Yes ☐ No

Special needs? (e.g., sight, hearing, mobility) ☐ Yes ☐ No

If you do have special needs, please specify:

**ADULT #2 (18 or older)**

Name: \_\_\_\_\_  
First Middle Last Maiden (if applicable)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

Education Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Would you like to receive e-mails from the church about events and information of interest? ☐ Yes ☐ No

Religion practiced: \_\_\_\_\_ Baptized? ☐ Yes ☐ No

If Baptized, in what church? \_\_\_\_\_  
Church City/State

Confirmed? ☐ Yes ☐ No First Communion? ☐ Yes ☐ No

Special needs? (e.g., sight, hearing, mobility) ☐ Yes ☐ No

If you do have special needs, please specify: \_\_\_\_\_

**ADULT #3 (18 or older)**

Name: \_\_\_\_\_  
First Middle Last Maiden (if applicable)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

Education Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Would you like to receive e-mails from the church about events and information of interest? ☐ Yes ☐ No

Religion practiced: \_\_\_\_\_ Baptized? ☐ Yes ☐ No

If Baptized, in what church? \_\_\_\_\_  
Church City/State

Confirmed? ☐ Yes ☐ No First Communion? ☐ Yes ☐ No

Special needs? (e.g., sight, hearing, mobility) ☐ Yes ☐ No

If you do have special needs, please specify: \_\_\_\_\_

**CHILD #1 (17 or younger)**

Name: \_\_\_\_\_  
First Middle Last Preferred or Nickname

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

School Attending: \_\_\_\_\_ Religious Education: \_\_\_\_\_

Baptized? ☐ Yes ☐ No Confirmed? ☐ Yes ☐ No First Communion? ☐ Yes ☐ No

If Baptized, in what church? \_\_\_\_\_  
Church City/State

Specify any special needs: \_\_\_\_\_

**CHILD #2 (17 or younger)**

Name: \_\_\_\_\_  
First Middle Last Preferred or Nickname

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

School Attending: \_\_\_\_\_ Religious Education: \_\_\_\_\_

Baptized? ☐ Yes ☐ No Confirmed? ☐ Yes ☐ No First Communion? ☐ Yes ☐ No

If Baptized, in what church? \_\_\_\_\_  
Church City/State

Specify any special needs: \_\_\_\_\_

**CHILD #3 (17 or younger)**

Name: \_\_\_\_\_  
First Middle Last Preferred or Nickname

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

School Attending: \_\_\_\_\_ Religious Education: \_\_\_\_\_

Baptized? ☐ Yes ☐ No Confirmed? ☐ Yes ☐ No First Communion? ☐ Yes ☐ No

If Baptized, in what church? \_\_\_\_\_  
Church City/State

Specify any special needs: \_\_\_\_\_

**CHILD #4 (17 or younger)**Name: \_\_\_\_\_  
First Middle Last Preferred or NicknameBirth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female

School Attending: \_\_\_\_\_ Religious Education: \_\_\_\_\_

Baptized? ☐ Yes ☐ No Confirmed? ☐ Yes ☐ No First Communion? ☐ Yes ☐ NoIf Baptized, in what church? \_\_\_\_\_  
Church City/State

Specify any special needs: \_\_\_\_\_

**CHILD #5 (17 or younger)**Name: \_\_\_\_\_  
First Middle Last Preferred or NicknameBirth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female

School Attending: \_\_\_\_\_ Religious Education: \_\_\_\_\_

Baptized? ☐ Yes ☐ No Confirmed? ☐ Yes ☐ No First Communion? ☐ Yes ☐ NoIf Baptized, in what church? \_\_\_\_\_  
Church City/State

Specify any special needs: \_\_\_\_\_

**CHILD #6 (17 or younger)**Name: \_\_\_\_\_  
First Middle Last Preferred or NicknameBirth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female

School Attending: \_\_\_\_\_ Religious Education: \_\_\_\_\_

Baptized? ☐ Yes ☐ No Confirmed? ☐ Yes ☐ No First Communion? ☐ Yes ☐ NoIf Baptized, in what church? \_\_\_\_\_  
Church City/State

Specify any special needs: \_\_\_\_\_