



ST. JOSEPH CATHOLIC CHURCH

LA IGLESIA CATÓLICA SAN JOSÉ

Membership Registration Date: / / 20

| | | | |
|-------------------------------|--|--------------------|--|
| Family Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| | <input type="text"/> | | |
| Home Phone: | <input type="text"/> | Unlisted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If married, anniversary date: | <input type="text"/> | Catholic Marriage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tithing Envelopes | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

ADULT #1 (18 or older)

| | | | | |
|--|--|---------------------------------|--|--|
| Name: | <input type="text"/> First | <input type="text"/> Middle | <input type="text"/> Last | <input type="text"/> Maiden (if applicable) |
| Birth Date: | <input type="text"/> / <input type="text"/> / <input type="text"/> | Sex: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Education Level: | <input type="text"/> | Occupation: | <input type="text"/> | |
| Employer: | <input type="text"/> | Phone: | <input type="text"/> | |
| E-mail: | <input type="text"/> | | | |
| Would you like to receive e-mails from the church about events and information of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Religion practiced: | <input type="text"/> | Baptized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Baptized, in what church? | <input type="text"/> Church | <input type="text"/> City/State | | |
| Confirmed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | First Communion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Special needs? (e.g., sight, hearing, mobility) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If you do have special needs, please specify: <input type="text"/> | | | | |

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 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 #5 (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 #6 (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: _____