

CHURCH OF THE ASSUMPTION - REGISTRATION FORM

Family Name _____

On-Line Giving

Church Envelopes

For Church Use Only

PDS Program

Insta-Set

Envelope # _____ Registration Card

Bulletin

To Welcome Comm _____

Gift Bag

Address _____

Street Address

Apt. No.

City

Zip Code

Date Registered _____

Telephone _____ E-mail Address _____

Residence: Tenant Owner Assumption School Family Yes No

Married Separated Divorced Widowed Single

List Only Those Living With You (Include Last Name if Different)	Date of Birth	Country of Birth	Religion	Baptism Yes/No	1st Com. Yes/No	Confirm. Yes/No	Grade Degree	School, Occupation, Homebound
Husband:	____/____/____							
Wife:	____/____/____							
Children:	____/____/____							
	____/____/____							

Were you married in a Catholic Church? Yes No If yes, Date of Marriage: ____/____/____

Church Married in: _____

If Annulled, Date of Annulment: ____/____/____ If Widowed, Date: ____/____/____

City

State

Are any of the persons listed Above disabled or homebound? Yes No Would they like to receive the Sacraments on a monthly basis? Yes No

Does anyone in your family have special needs issues? Please specify:

Stewardship of Time and Talents: After prayerful consideration, I/We will make a one (1) year commitment of our time and talents to the

following ministries of the parish.

Liturgical ministries

- Altar Servers/Acolytes
- Eucharistic Ministers
- Lectors
- Ushers
- Ministry to the Sick
- Sacristans
- Liturgy Committee

Social Ministries

- American Red Cross
- Haiti/ESPWA
- St. Vincent de Paul Society

Religious Education

- Parish School of Religion: Pre-K-8
- OCIA Team Member

Community Life/Service

- Altar & Rosary Society
- Bible Study
- Blue Army of Fatima
- Christian Companions
- CYO / Boosters
- Divine Mercy Chapel
- Healing Hearts
- Holy Name
- Knights of Columbus
- Parents CORPS

Fundraising Events

- Catholic Charities
- Fish Fry
- Parish Picnic
- School Fundraisers

General Volunteer Assistance

- Collection Counters
- Pastoral Council
- Middle School Youth Group
- Youth Group

Fill in the table below with the names of the volunteers in your household and their chosen Ministry:

Name of Volunteer	Chosen ministry	I could also help by: (specify)
Self:		
Spouse:		
Child:		
Child:		
Other Household member(s):		

Will you need envelopes mailed to you **YES / NO**

Will you be donating online at <https://coabvm.churchgiving.com/> **YES / NO**

Stewardship of Wealth: While any pledge of support your household chooses to contribute for the Parish is greatly appreciated, please consider a yearly donation of 5% of your annual take home pay to support this parish and its Ministries. May God bless your generosity!

In Thanksgiving to God for the blessings He has bestowed on us, and for the support of the Ministries of this Church, I/We make this Stewardship Commitment to Assumption Parish: a pledge of \$ _____ per week or per month.