PARISHIONER REGISTRATION

Today's Date: _____

Church of Saint Joseph
12 W. Minnesota St.
St. Joseph, MN 56374
320-363-7505

Street Address: _____

City, State: _____ Zip Code: _____

Mailing Address (*if different*): _____

Primary Phone: _____

Secondary Phones: _____ _____

E-Mail Address 1: _____ E-Mail Address 2: _____

Preferred Title: ☐ Mr. & Mrs. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

	Adult 1	Adult 2
Last Name:		
First Name:		
Preferred Nickname:		
Maiden Name:		
Gender:	☐ Male ☐ Female	☐ Male ☐ Female
Birth Date:		
Religion:		
Disability/Special Needs:		
Occupation:		
Employer:		
Work Phone:		
Sacraments Received:	☐ Baptism ☐ First Communion ☐ Confirmation	☐ Baptism ☐ First Communion ☐ Confirmation

Marital Status:

☐ Single ☐ Engaged ☐ Widowed ☐ Separated ☐ Divorced

☐ Married Date: _____ Church: _____ City & State _____

1. Are you currently registered at another parish? If so, please inform that parish that you have registered with the Church of Saint Joseph.

2. Survey question: (*optional)*
   What has prompted you to join the Church of Saint Joseph at this time? _____

   _____

   _____

ALSO REGISTER THE FOLLOWING CHILDREN:

	Child 1	Child 2	Child 3	Child 4
First Name:	_____	_____	_____	_____
Last Name:	_____	_____	_____	_____
Grade:	_____	_____	_____	_____
Nickname:	_____	_____	_____	_____
Gender:	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Birth Date:	_____	_____	_____	_____
Religion:	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Sacraments:	☐ Baptism	☐ Baptism	☐ Baptism	☐ Baptism
	☐ First Communion	☐ First Communion	☐ First Communion	☐ First Communion
	☐ Confirmation	☐ Confirmation	☐ Confirmation	☐ Confirmation

FOR OFFICE USE ONLY

Envelope # _____ ☐ PDS ☐ fund 1 ☐ MC ☐ OSV ☐ Census

☐ Email ☐ bulletin ☐ card