



# St. Agnes Catholic Parish

## NEW MEMBER REGISTRATION

ADULT

Dr.  Mr.  Mrs.  Ms.  Miss

ADULT

Dr.  Mr.  Mrs.  Ms.  Miss

FIRST & LAST NAME: \_\_\_\_\_

\_\_\_\_\_

NICKNAME: \_\_\_\_\_

\_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

\_\_\_\_\_

CELL PHONE: \_\_\_\_\_

\_\_\_\_\_

May we publish your phone#  Yes  No

Yes  No

EMAIL: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

\_\_\_\_\_

ZIP: \_\_\_\_\_

\_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

\_\_\_\_\_

RELIGION: \_\_\_\_\_

\_\_\_\_\_

OCCUPATION: \_\_\_\_\_

\_\_\_\_\_

Sacramental Info (include year and parish if known):

BAPTISM:  YES  NO PLACE: \_\_\_\_\_  Yes  No Place: \_\_\_\_\_

First Communion:  YES  NO PLACE: \_\_\_\_\_  Yes  No Place: \_\_\_\_\_

CONFIRMATION:  YES  NO PLACE: \_\_\_\_\_  Yes  No Place: \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Divorced  Widowed

If married, ceremony type:  Catholic  Other Place and date: \_\_\_\_\_

Last Parish attended \_\_\_\_\_

List Catholic children younger than 23 years of age (who live with you including college students):

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Full Name:				
Birthdate:				
School:				
Religion:				
Baptized: Date/Place				
Holy Eucharist: Date/Place				
Confirmation: Date/Place				

Ministries and Committees: (check any that may be of interest to you or your family)

Ministries:

- Reader
- Acolyte/Server (adult or youth)
- Extraordinary Minister of Holy Communion (at Mass or Homebound)
- Greeter/Usher
- Musician/Choir/Cantor
- Environment
- Altar Society
- Catechist
- Visiting the Sick
- Grief Ministry
- Food Pantry
- St. Vincent de Paul

Committees:

- Building & Grounds Committee
- Faith Formation/Evangelization Committee
- Liturgy Committee
- Human Concerns Committee
- Stewardship Committee
- Fellowship / Festival Committee

Any comments or questions:

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Financial Stewardship:

Pledge Amount: \_\_\_\_\_

- Send me weekly pre-printed envelopes (mailed to you 6 times per year) and I will drop these in the offertory baskets as I am able.
- I will make on-line payments at my convenience by clicking the Donate Now icon on our website ([www.stagneparish.org](http://www.stagneparish.org))
- I will make monthly or semi-monthly payments through the ACH program. The paperwork is available in the new member folder or through the parish office (262-781-9521 [info@stagneparish.org](mailto:info@stagneparish.org))

For Office Use only: Env#: _____ Area: _____ Date entered: _____
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