Saint Joseph Parish of Jerauld County

510 N. Wallace, Wessington Springs, SD 57382
Office: (605) 796-4387 or (605) 352-2203

Parish Registration Form

Mail to: St. Joseph Parish, 425 21st. St. SW, Huron SD 57350
or Email: stwilfrid@sfcatholic.org

Household

Date _____

Mailing Address: _____

Physical Address: _____

Man/Husband Email Address:

Man/Husband Last Name:_____

First: _____ Middle: _____

Marital Status: _____

Home Phone: _____ Cell Phone: _____

Date & Place of Birth: _____

Religion: _____

Sacraments: (Please enter date, church, city and state of each)

Baptism: _____

1st Communion: _____

Confirmation: _____

Woman/Wife Email Address:

Woman/Wife Last Name:_____

First: _____ Middle: _____ Maiden: _____

Marital Status: _____

Home Phone: _____ Cell Phone: _____

Date & Place of Birth: _____

Religion: _____

Sacraments: (Please enter date, church, city and state of each)

Baptism: _____

1st Communion: _____

Confirmation: _____

Marriage: (date, church, city, and state) _____

Is this Marriage valid in the Catholic Church? _____

Please list all children in your home under 18 or dependants on backside of sheet.

Stewardship: We welcome those would like to share their talent, time or treasure at St. Joseph. Please let us know how you can help.

Eucharistic Minister	☐	Server	☐	Organist	☐
Usher/ Greeter	☐	Religious Ed	☐	Choir	☐
Sacristan	☐	Money Counter	☐	Song Leader	☐
Lector	☐				

Other _____

Please list all children in your home under 18 or dependants.

First Name:
Middle: Last:
Gender:
Date & Place of Birth:
Religion:
Sacraments: (Please enter date, church, city and state of each)
Baptism:
1st Communion:
Confirmation:

First Name:
Middle: Last:
Gender:
Date & Place of Birth:
Religion:
Sacraments: (Please enter date, church, city and state of each)
Baptism:
1st Communion:
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First Name:
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