

ST FRANCIS de SALES / ST JOSEPH CATHOLIC PARISHES - NEW MEMBERSHIP FORM

Last Name _____ Main Phone _____ Today's Date _____ Envelope Number _____

First Name (please include titles: Mr. & Mrs., Miss, Dr. etc.) _____

Street Address _____ City _____ State _____ Zip _____

Previous Parish _____ Street & City _____ State _____ Zip _____

PLEASE PRINT

<i>Use legal names for record purposes please</i>	Male, Head of Household		Female, Head of Household		1 st Child		2 nd Child		3 rd Child		4 th Child		5 th Child	
First Name														
Middle Name														
Last Name (if different)														
Maiden Name														
Gender					<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> M	<input type="checkbox"/> F
Date of Birth														
Religion														
Marital Status*														
Wedding Date														
Cell Phone														
Occupation														
Employer														
Email														
Handicapped/Home-bound?														
Baptism	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1 st Reconciliation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1 st Communion	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Confirmation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
School Attending														
Grade in School														
Interested in Religious Ed	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

* Marital status: single, married (civilly and/or in Church), widowed, divorced (annulled by the Church?), cohabiting (living together).