

Office Use Only:	
ID# _____	Registry Date _____

PLEASE COMPLETE AS APPROPRIATE

Last Name: _____ First Name: _____ First Name (spouse): _____

Street: _____ City: _____ State: _____ Zip: _____ Phone _____ Unlisted: Y/N

Work Phone: _____ Cell Phone: _____ E-Mail Address: _____

Mass Attendance (check one): Weekly Often Occassionally Seldom Never

Marrital Status (check what applies): Single Married Widowed Separated Divorced ♦ Church Marriage (circle one): Y / N ♦ Civil Marriage (circle one): Y / N

Date of Marriage: _____ Name of Church (if church marriage) & Location: _____

	Head of House	Spouse	Child	Child	Child	Child
First Name						
Middle Name						
Last Name						
Maiden Name						
Gender						
Religion						
Occupation						
Employer						
Grade						
School Attending						
Date of Birth						
Baptism*						
1st Communion*						
Confirmation*						

DIRECTIONS TO YOUR HOME: _____

MINISTRIES: *Please check areas of interest:*

- | | | |
|--|---|---|
| <input type="checkbox"/> Lector | <input type="checkbox"/> Altar Server | <input type="checkbox"/> Eucharistic Minister |
| <input type="checkbox"/> Choir/Cantor/Organist | <input type="checkbox"/> Hospitality/Usher | <input type="checkbox"/> Fundraisers |
| <input type="checkbox"/> Adult Formation Education | <input type="checkbox"/> Finance Council | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> Vacation Bible School | <input type="checkbox"/> Funeral Luncheons | <input type="checkbox"/> Collection Counter |
| <input type="checkbox"/> Faith Formation/Religious Education | <input type="checkbox"/> Children's Liturgy of the Word | |
| <input type="checkbox"/> Rite of Christian Initiation of Adults (RCIA) | | |