## **New Parishioner Registration Form**

Please return completed form to the Parish Office.



Tradition with Vision

Your First & Last Name:  Title (Mr., Mrs., Dr., etc.): Date of Birth:  Address:				Spouse (if applicable)  First & Last Name:  Title (Mr., Mrs., Dr., etc.):											
								Apt# City/State/Zip:				Date of Birth:			
								Primary Household Phone #:				Religion:			
Primary Household E-Mail:															
				Marital Status:											
Religion: Marital Status:				Check if sacrament has been received:											
Check if sacrament has been received:				Baptism	1st Communion	Confirma	ation								
Baptism 1st Commu	ınion	Confirma	tion												
				Maiden Name:											
Married in the Catholic Church? Y N															
Maiden Name:Occupation:				Occupation	:		-								
Names of Children" (Age 21 and under & still residing at home)	Sex	Birth Date	Religion	Baptized?	First Communion?	Confirmed?									
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Please consider giving of appropriate staff member	•		•		ck next to your interests	s and the									
Liturgical Ministries	Faith Formation				Outreach/Serv	<u>rice</u>									
Altar Server		R.C.	.I.A. (Rite of Christia	n Initiation for Adults)	Pro-Life Ministry										
Greeter at Mass			nt to become Catholic RCIA sponsor)	c or serve	St. Vincent de Paul Society										
Usher		Brot	thers in Christ Mo	en's Group	Prayer Blanket Ministry										
Lector					Hospitality Committee										
Extraordinary Minister of Holy Communion	r		<i>Opportunities</i> Ver Network		Earth Matters Environmental Ministry										
Media Ministry		Eucl	haristic Adoration	Minister of Care to the											
Music Ministry					Sick & Ho	omebound									
Mass Coordinator					Mpki j vu'ql	h'Eqnwo dwu									

 Rev. 3/22/22
 For Office Use:
 Registration Date \_\_\_\_\_\_
 Envelope #\_\_\_\_\_
 OSV\_\_\_\_\_\_
 DOJ\_\_\_\_\_\_