

WELCOME NEW PARISHIONERS

ST. JOSEPH MISSION

Registration Form

Date _____

Name _____ Catholic _____ Date of Birth _____

Name _____ Catholic _____ Date of Birth _____

Anniversary _____ Married Married in Catholic church Single Widow(er) Divorced Separated

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____

Part-time/Full- time Resident **If part time, please list months and alternate address on back of form**

Email Address _____ Phone _____

Please circle YES/NO if you'd like to be included in the Parish-wide email list. YES/NO

Please circle YES/NO if you would like offering envelopes. YES/NO

Family Members Living in Household

Name _____ Date of Birth _____ Grade _____ Relationship _____

Baptized Yes/No Where _____ Date _____

1st Communion Yes/No Where _____ Date _____

Penance Yes/No Where _____ Date _____

Confirmation Yes/No Where _____ Date _____

Name _____ Date of Birth _____ Grade _____ Relationship _____

Baptized Yes/No Where _____ Date _____

1st Communion Yes/No Where _____ Date _____

Penance Yes/No Where _____ Date _____

Confirmation Yes/No Where _____ Date _____

Name _____ Date of Birth _____ Grade _____ Relationship _____

Baptized Yes/No Where _____ Date _____

1st Communion Yes/No Where _____ Date _____

Penance Yes/No Where _____ Date _____

Confirmation Yes/No Where _____ Date _____

Name _____ Date of Birth _____ Grade _____ Relationship _____

Baptized Yes/No Where _____ Date _____

1st Communion Yes/No Where _____ Date _____

Penance Yes/No Where _____ Date _____

Confirmation Yes/No Where _____ Date _____

For your child's (children's) Religious Education Registration, please contact the office @719-395-8424.