

St Joseph Parish Family Registration

Reg Date: / /

106 East St, Pewamo, MI 48873 (989) 593-3440

Last Name: First Name(s):
Mailing Name (ie Mr. & Mrs. John Doe)
Address: Add2:
City: State: Zip: -
AreaCode: Home Phone: Emerg. Phone:
Family Email: Env#

Are you interested in electronic contribution payment? yes no

Individual Member Information

Parish Status: <i>(Active, Inactive)</i>	<input type="text"/>	<input type="text"/>
Role: <i>(Head of House, Husband, Wife etc.)</i>	<input type="text"/>	<input type="text"/>
First Name / Nickname:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Gender:	Male / Female (Maiden) <input type="text"/>	Male / Female (Maiden) <input type="text"/>
DOB (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Work Phone/Cell Phone:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
First Language:	<input type="text"/>	<input type="text"/>
Occupation/Employer:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Sacramental Info:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<i>(Single, Married, Separated, Divorced, Annulled)</i>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
Marital Status:	<input type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household <i>(Son, Daughter, Mother Father etc.)</i>	First Name	Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language	
1.	<input type="text"/>	<input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	
	Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
2.	<input type="text"/>	<input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	
	Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
3.	<input type="text"/>	<input type="text"/>	M / F	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	
	Check if Sacrament Received. Add Date if known.		Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.

Dependent Children Information

	Relationship to Head of Household <small>(Son, Daughter, Mother, Father etc.)</small>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
4			M / F	/ /		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		/ /	/ /	/ /	/ /	
5			M / F	/ /		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		/ /	/ /	/ /	/ /	
6			M / F	/ /		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		/ /	/ /	/ /	/ /	
7			M / F	/ /		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		/ /	/ /	/ /	/ /	
8			M / F	/ /		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		/ /	/ /	/ /	/ /	
9			M / F	/ /		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		/ /	/ /	/ /	/ /	

Office Use Only

Add to ACS _____

Add to CSA Update _____ Env # _____ or EFT _____