

## ST. JOSEPH PARISH REGISTRATION FORM

FAMILY INFORMATION					
LAST NAME/MAIDEN NAME	FIRST NAME	NICKNAME	DATE OF BIRTH	PLACE OF BIRTH	PLEASE CHECK ONE
					<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> HEAD OF HOUSEHOLD
					<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> HEAD OF HOUSEHOLD
					<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> HEAD OF HOUSEHOLD
					<input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> HEAD OF HOUSEHOLD

SACRAMENTAL INFORMATION				
FIRST NAME	BAPTISM	FIRST COMMUNION	CONFIRMATION	MARRIAGE
	DATE: PLACE:	DATE: PLACE:	DATE: PLACE:	DATE: PLACE:
	DATE: PLACE:	DATE: PLACE:	DATE: PLACE:	DATE: PLACE:
	DATE: PLACE:	DATE: PLACE:	DATE: PLACE:	DATE: PLACE:
	DATE: PLACE:	DATE: PLACE:	DATE: PLACE:	DATE: PLACE:

*\*Please note if family member is non-Catholic.*

CONTACT INFORMATION					
	ADDRESS	CITY/STATE	ZIP CODE	HOME TEL#	MOBILE #
<b>LOCAL</b>					
<b>MAILING</b>					

**RESIDENCY:**   
  YEAR-ROUND   
  SEASONAL   
 MONTHS IN SEA ISLE:   
 FROM:    
 TO:

Do you wish to change your registration to this parish?   
 YES   
 NO

**MARITAL STATUS**

- MARRIED, BY ...   
  CATHOLIC PRIEST   
  MINISTER   
  JUSTICE OF THE PEACE   
  OTHER: \_\_\_\_\_  
 SINGLE   
  WIDOWED   
  DIVORCED   
  MARRIAGE ANNULLED

**DEMOGRAPHIC INFORMATION**

- CAUCASIAN   
  AFRICAN AMERICAN   
  HISPANIC   
  ASIAN   
  FILIPINO   
  OTHER \_\_\_\_\_

**JOB STATUS**

- FULL TIME   
  PART TIME   
  RETIRED   
  MILITARY   
  UNEMPLOYED   
  STUDENT

OCCUPATION: \_\_\_\_\_ EDUCATION: (YEARS ATTENDED OR DEGREE) \_\_\_\_\_

**COMMUNICATION PREFERENCES**

Would you like to receive Catholic Star Herald?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Would you like to receive emails regarding parish events, ministries and schedules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PREFERRED FAMILY EMAIL ADDRESS:	OTHER FAMILY MEMBER EMAIL ADDRESS:	OTHER FAMILY MEMBER EMAIL ADDRESS
How do you prefer to receive communication from the pastor?	<input type="checkbox"/> US Mail	<input type="checkbox"/> Email			

**OFFERTORY PREFERENCES (Check one)**

- Receive Envelopes in Mail   
  Sign up for Parish Giving

**GENERAL HEALTH INFORMATION**

If you or any member of your family has a special need, please note the information below so that we are aware of it. This could include situations such a physical impairment, hearing impaired, shut-in, etc.

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