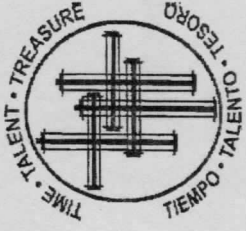


CONFIDENTIAL

*Saint Joseph Roman
Catholic Church*



PLEASE PRINT ALL INFORMATION

Family Name: _____ Date: _____
 Address: _____ Cellular: _____
 City: _____ State: _____ Apto: _____
 E-mail: _____ Zip Code: _____
 Country of origin: _____

Head of Household and Spouse	Date of birth	Sex	Religion	Baptized Y / N	Communion Y / N	Confirmation Y / N	Attend Mass Daily / Weekly Rarely / Never	Use parish envelopes	Involved in parish ministries	Like to serve in ministries?
Children	Date of birth	Sex	Religion	Baptized Y / N	Communion Y / N	Confirmation Y / N	Attend Mass Daily / Weekly Rarely / Never	School College Armed Forces	Grade	Current religious program Where?

MARITAL STATUS: SINGLE _____ MARRIED _____ BY A PRIEST: YES _____ NO _____ SEPARATED _____ DIVORCED _____ WIDOW(ER) _____
 HEAD OF HOUSEHOLD'S OCCUPATION: _____ WHERE EMPLOYED: _____ PHONE: _____
 SPOUSE'S OCCUPATION: _____ WHERE EMPLOYED: _____ PHONE: _____
 IS THERE ANYONE IN THE HOUSEHOLD UNABLE TO ATTEND MASS? _____ REASON? : _____
 NAME OF OTHERS RESIDING IN HOUSEHOLD, NOT SEPARATELY REGISTERED: _____ RELATIONSHIP: _____

A SEASONAL PARISHIONER? PLEASE CIRCLE MONTHS IN TOWN: JAN FEB MAR APR MAY JUN JUL AGO SEP OCT NOV DEC
 COMPLETE HOME ADDRESS: _____
 HOME PHONE #: _____ E-MAIL: _____