Membership Registration Form

FAMILY LAST NAME

STREET ADDRESS APT. #

CITY ZIP CODE

EMAIL

HOME PHONE # (AREA CODE)

CELL PHONE # (AREA CODE)

/

OCCUPATIONS

PRIMARY LANGUAGE SPOKEN IN THE HOME

NAMES (List adults first, then children living at home) include last name if different from family name	RELATIONSHIP (to head of household)	MARITAL STATUS	RELIGION	MALE / FEMALE	WORK PHONE NUMBER	BIRTHDATE MM/DD/YYYY	SACRAMENTS RECEIVED		
							BAPTISM	1ST COM.	CONFIRM.
(HEAD OF HOUSEHOLD)				☐ M ☐ F			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
				☐ M ☐ F			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
				☐ M ☐ F			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
				☐ M ☐ F			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
				☐ M ☐ F			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
				☐ M ☐ F			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

REQUEST SUNDAY ENVELOPES? ☐ YES ☐ NO

How Can We Serve You?

COMMENTS, QUESTIONS, CONCERNS, INTERESTS OR SPECIAL NEEDS:

FOR OFFICE USE ONLY

DATE ENTERED _____ MEMBER ID _____

Reset Submit