



# PARISHIONER REGISTRATION

*Church of St. Joseph*

12 W. Minnesota St.  
St. Joseph, MN 56374  
320/363-7505

Today's Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Title:  Mr. & Mrs.  Mr.  Mrs.  Miss  Ms.

Head of Household

Adult 2

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Gender:  Male  Female  Male  Female

Birth Date: \_\_\_\_\_

Religion: \_\_\_\_\_

Disability: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Sacraments Received:  Baptism  Baptism  
 First Communion  First Communion  
 Confirmation  Confirmation

Marital Status:

Married Date: \_\_\_\_\_ Place: \_\_\_\_\_

Single  Engaged  Widowed  Separated  Divorced

# DEPENDENTS

Child 1

Child 2

Child 3

Child 4

First Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grade:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nickname:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gender:

Male  Female

Male  Female

Male  Female

Male  Female

Birth Date:

\_\_\_\_\_

\_\_\_\_\_

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Religion:

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Disability

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Sacraments:

Baptism

Baptism

Baptism

Baptism

First Communion

First Communion

First Communion

First Communion

Confirmation

Confirmation

Confirmation

Confirmation



FOR OFFICE USE ONLY

Envelope # \_\_\_\_\_



Packet Given

KC ticket # \_\_\_\_\_