

PARISHIONER REGISTRATION

Church of Saint 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: _____ (this number is used by parish committees)

Secondary Phones: _____

E-Mail Address 1: _____ E-Mail Address 2: _____

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
 First Communion
 Confirmation

Baptism
 First Communion
 Confirmation

Marital Status:

Single Engaged Widowed Separated Divorced

Married Date: _____ Place: _____

1. Are you currently registered at another parish? If so, please inform that parish that you have registered with the Church of Saint Joseph.

2. Survey question: *(optional)*

What has prompted you to join the Church of Saint Joseph at this time? _____

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: _____

Religion: _____

Disability: _____

Sacraments: Baptism Baptism Baptism Baptism

First Communion First Communion First Communion First Communion

Confirmation Confirmation Confirmation Confirmation



FOR OFFICE USE ONLY

Envelope # _____ PDS Fund 1 MC OSV Census

Email Bulletin BF SS