

# 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): \_\_\_\_\_

Home Phone: \_\_\_\_\_ 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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

Sacraments Received:  Baptism  Baptism  
 First Communion  First Communion  
 Confirmation  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