

**St. Joseph Church
Family Registration Form**

Family ID #:			Today's Date:		
Family Name:					
Head:	Last:	First:	Title:	Suffix:	
Spouse:	Last:	First:	Title:		
Street Address Line 1:			Street City/State:		
Street Address Line 2:			Street Zip:		
Phone:		Description: Home/Office/Cell/Other		Unlisted?	Yes/No
Phone:		Description: Home/Office/Cell/Other		Unlisted?	Yes/No
Email:		Send Email? Yes/no		Send Texts? Yes/No	
<hr/>					
Mailing Address: Line 1:		City/State:			
(if different) Line 2:		Zip:			
<hr/>					
Member Registration (Head)					
Member Name:		First Name:		Middle:	
Last Name:					
Nickname:		Title:		Suffix:	
Maiden Name:					
<hr/>					
Personal Information:		Birthdate:			
		Language:			
Religion:		Gender:			
Marital Status:		Occupation:			
<hr/>					
Birthplace:					
Father:		Mother:		Maiden Name:	
<hr/>					
Baptism: Name/Extra Info:		Date:		Status: Approx. Yes / No	
Performed by:		Church Name:			
First Comm: Name/Extra Info:		Date:		Status: Approx. / Yes No	
Performed by:		Church Name:			
Confirm: Name/Extra Info:		Date:		Status: Approx. Yes / No	
Performed by:		Church Name:			
Marriage: Name/Extra Info:		Date:		Status: Approx. / Yes / No	
Performed by:		Church Name:			
<hr/>					
Member Registration (Spouse)					
Member Name:		First Name:		Middle:	
Last Name:					
Nickname:		Title:		Suffix:	
Maiden Name:					
<hr/>					
Personal Information:		Birthdate:			
		Language:			
Religion:		Gender:			
Marital Status:		Occupation:			
<hr/>					
Birthplace:					
Father:		Mother:		Maiden Name:	
<hr/>					
Baptism: Name/Extra Info:		Date:		Status: Approx. Yes / No	
Performed by:		Church Name:			
First Comm: Name/Extra Info:		Date:		Status: Approx. / Yes No	
Performed by:		Church Name:			
Confirm: Name/Extra Info:		Date:		Status: Approx. Yes / No	
Performed by:		Church Name:			
Marriage: Name/Extra Info:		Date:		Status: Approx. / Yes / No	
Performed by:		Church Name:			

Dependent Children Information

Relationship to Head of Household:	Son/Daughter	
Last Name:	First Name:	Middle:
Personal Information:	Birthdate:	
	Language:	
	Gender:	
	Catholic: yes/no	
Birthplace:		
Baptism: Name/Extra Info:	Date:	
Performed by:	Church Name:	
Reconciliation:	Date:	
Performed by:	Church Name:	
Eucharist:	Date:	
Performed by:	Church Name:	
Confirmation: Name/Extra Info:	Date:	
Performed by:	Church Name:	

Relationship to Head of Household:	Son/Daughter	
Last Name:	First Name:	Middle:
Personal Information:	Birthdate:	
	Language:	
	Gender:	
	Catholic: yes/no	
Birthplace:		
Baptism: Name/Extra Info:	Date:	
Performed by:	Church Name:	
Reconciliation:	Date:	
Performed by:	Church Name:	
Eucharist:	Date:	
Performed by:	Church Name:	
Confirmation: Name/Extra Info:	Date:	
Performed by:	Church Name:	

Relationship to Head of Household:	Son/Daughter	
Last Name:	First Name:	Middle:
Personal Information:	Birthdate:	
	Language:	
	Gender:	
	Catholic: yes/no	
Birthplace:		
Baptism: Name/Extra Info:	Date:	
Performed by:	Church Name:	
Reconciliation:	Date:	
Performed by:	Church Name:	
Eucharist:	Date:	
Performed by:	Church Name:	
Confirmation: Name/Extra Info:	Date:	
Performed by:	Church Name:	

Office Use Only:

PDS ___ CSA ___ Envelope/EFT ___ Welcome Ltr ___ KC/AS ___ Appt w/Fr ___