

Saint Joseph Catholic Church

Reg Date: / /

Family Registration

87 Lacy ST NW, Marietta, GA 30060-1111 770 422-5633

Last Name: First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address: Add2:

City: State: Zip: -

Area Code: Home Phone: Emerg. Phone:

Family Email: Env#

Individual Member Information

Parish Status: <small>(Active, Inactive)</small> Role: <small>(Head of House, Husband, Wife etc.)</small> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Male / Female (Maiden) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Male / Female (Maiden) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / </div>
Sacramental Info: Dates (mm/dd/yyyy): <small>(Single, Married, Separated, Divorced, Annulled)</small> Marital Status:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / / </div> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / / </div> Valid Catholic Marriage? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / / </div> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> / / </div>

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.		 / 	M / F	 / / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		 / / 		 / / 	 / / 	 / /
2.		 / 	M / F	 / / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		 / / 		 / / 	 / / 	 / /
3.		 / 	M / F	 / / / 		

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.

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Address: Add2:

City: State: Zip: -

AreaCode: Home Phone: Emerg. Phone:

Family Email: Env#

Individual Member Information

Parish Status: <i>(Active, Inactive)</i>	<input type="text"/>	<input type="text"/>
Role: <i>(Head of House, Husband, Wife etc.)</i>	<input type="text"/>	<input type="text"/>
First Name / Nickname:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Gender:	Male / Female (Maiden) <input type="text"/>	Male / Female (Maiden) <input type="text"/>
DOB (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Work Phone/Cell Phone:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
First Language:	<input type="text"/>	<input type="text"/>
Occupation/Employer:	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Sacramental Info:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy):	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<i>(Single, Married, Separated, Divorced, Annulled)</i>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
Marital Status:	<input type="text"/> Valid Catholic Marriage? <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
<i>(Son, Daughter, Mother Father etc.)</i>					
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>