

St. Joseph Catholic Church

10 N. Long Street

Farmington, MO 63640

(573)756-4250

PARISH REGISTRATION

In order for St. Joseph Catholic Church to best serve its parishioners it is necessary to update this information periodically; therefore, please complete the following information and return to the rectory office via mail or the collection basket. This form replaces all previously completed forms and must be on file for you to be a registered member of the Parish.

Date Completed: _____

NAME _____
Last First Birthday Religion Baptized ☐ Communion ☐ Confirmation ☐

SPOUSE'S NAME _____
Last First Birthday Religion Baptized ☐ Communion ☐ Confirmation ☐

ADDRESS _____
Street City State Zip Anniversary

TELEPHONE: _____
Phone Number Email
Please check here if you do not want your number released; i.e., Parish Directory _____

YOUR OCCUPATION _____ WORK PHONE _____

SPOUSE'S OCCUPATION _____ WORK PHONE _____
Underage Children Living @ Home (Adult Children Living @ Home Over 21 Need To Complete Their Own Census Form)

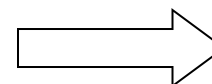
CHILD'S NAME _____
Last First Gender Birthday Religion Baptized ☐ Communion ☐ Confirmation ☐

CHILD'S NAME _____
Last First Gender Birthday Religion Baptized ☐ Communion ☐ Confirmation ☐

CHILD'S NAME _____
Last First Gender Birthday Religion Baptized ☐ Communion ☐ Confirmation ☐

CHILD'S NAME _____
Last First Gender Birthday Religion Baptized ☐ Communion ☐ Confirmation ☐

If you have more children, please include their information on a separate page and staple to this census form.



Which Mass do you, your spouse and/or family normally attend and would volunteer for: _____

Please list your name and/or the names of any member of your family next to the appropriate area

Lector _____ Extraordinary Eucharistic Minister _____

Eucharistic Adoration _____ Organ Choir _____

Usher/Greeter _____

Organizations—Current member or interested in joining

Women of Mary _____ St. Vincent de Paul _____ Respect Life _____

Knights of Columbus _____ Quilting _____ RCIA _____

Bereavement _____ Youth Group _____ Hospitality Committee _____ Parish School of Religion _____

Prayer Shawl _____ Prayer Power _____

Parish Community Events/Can we call on you?

Fish Fry _____ Church Picnic _____ Dinner Auction _____

Would you like to receive contribution envelopes: Yes () No ()

Which Parish did you previously attend: _____

Do you have any health concerns or special needs that the Pastor should be aware of? Yes () No ()

If so, please explain: _____

Are you in need of Holy Communion brought to your home? Yes () No ()