

Envelope #: _____

Date: _____

Family Name: _____ Telephone: H- _____ C- _____

Address: _____

City _____ State: _____ Zip Code: _____ - _____

Head of Family (First Name, Initial or Maiden): _____ Date of Birth: _____

Occupation: _____ Work/Cell Phone: _____ Email: _____

Please check appropriate box for each area below				
Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	Sunday Mass Attendance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Occasionally

Spouse (First Name, Initial or Maiden): _____ Date of Birth: _____

Occupation: _____ Work/Cell Phone: _____ Email: _____

Please check appropriate box for each area below				
Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptized <input type="checkbox"/> Yes <input type="checkbox"/> No	Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	Sunday Mass Attendance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Occasionally

Marital Status: ☐ Married - date of marriage _____ ☐ Divorced ☐ Separated ☐ Widow/Widower ☐ Single

Were you married in a Catholic Church? ☐ Yes ☐ No If not, was marriage validated in/by Church? ☐ Yes ☐ No If yes, Date _____

CHILDREN LIVING WITH FAMILY											
First Name	Middle Initial	Last Name if different	Date of Birth Mo/Day/Yr	Gender M/F	Baptized (Check one)	Eucharist (Check one)	Confirmed (Check one)	Attend Mass	School	Grade	Rel. Form.
					YES NO	YES NO	YES NO	YES NO			YES NO
					YES NO	YES NO	YES NO	YES NO			YES NO
					YES NO	YES NO	YES NO	YES NO			YES NO
					YES NO	YES NO	YES NO	YES NO			YES NO
					YES NO	YES NO	YES NO	YES NO			YES NO
					YES NO	YES NO	YES NO	YES NO			YES NO

OTHER ADULTS LIVING WITH FAMILY, AND/OR SICK, SHUT-INS, HANDICAPPED										
First Name	Middle Initial	Last Name if different	Date of Birth Mo/Day/Yr	Gender M/F	Baptized (Check one)	Communion (Check one)	Confirmed (Check one)	Attend Mass	Additional Information	
					YES NO	YES NO	YES NO	YES NO		
					YES NO	YES NO	YES NO	YES NO		
					YES NO	YES NO	YES NO	YES NO		
					YES NO	YES NO	YES NO	YES NO		
					YES NO	YES NO	YES NO	YES NO		
					YES NO	YES NO	YES NO	YES NO		

PARISH ORGANIZATIONS AND PROGRAMS (Please check areas in which you and family members are willing to participate)

LITURGICAL MINISTRY

- ☐ Altar Server
- ☐ Extraordinary Minister of Holy Communion
- ☐ Lector/Reader
- ☐ Choir: ☐ Adult ☐ Children (Gr. 1-12)
- ☐ Cantor: ☐ Adult ☐ Teen ☐ Children
- ☐ Musician: ☐ Organ ☐ Piano ☐ Other
- ☐ Sacristan ☐ Usher/Greeter
- ☐ Guardian

RELIGIOUS FORMATION

- ☐ Teacher ☐ Aide
- ☐ Summer Family Week/VBS
- ☐ Youth Ministry (Gr. 7-12)
- ☐ Adult Formation

SACRAMENTAL PREPARATION

- ☐ Baptism ☐ First Communion
- ☐ RCIA: ☐ Adult ☐ Teens ☐ Children
- ☐ Confirmation ☐ Marriage Prep

SERVICE/SOCIAL ORGANIZATIONS

- ☐ Altar Society ☐ Catholic Daughters
- ☐ Knight of Columbus ☐ JCDA
- ☐ Ministry to the Sick & Home Bound
- ☐ MOM's Group ☐ Jubilee Club
- ☐ Stewardship ☐ Gabriel Project
- ☐ Stewards of Sacred Heart
- ☐ IT/Tech./Audio/Visual
- ☐ Men's Group ☐ Office Volunteer