Good Shepherd Catholic Church Registration Form

Professional discretion by the Parish Staff will be used with the information listed below.

Name Head of House			Catholic
First Name of Spouse		Maiden Name	Catholic
Circle If Used	Jr., Sr., II, III Other_	Single Wi	dow
Address			
City and State		Zip Code	
Primary Phone		Cell Phone(s)	
Work Phone		Email Address	
Family Names B	irth Date Religion	Baptized Occupation	
Head:		Y or N	100
Spouse:		Y or N	
Children Residing in Hor	ne <u>Birthdate</u>	Baptiz	ed Roman Catholic
		Male/Female	Y or N
		Male/Female	Y or N
		Male/ Female	Y or N
		Male /Female	Y or N
Are you a new family or i	egistering for the first time	e at Good Shepherd? Yes	No
How do you wish to parti	cipate in parish tithing?	-	Contact me about Electronic Tithing
May we share your phone	e number or email address	with Parish Committees/Publ	lications? Yes No
Do you speak a foreign la	nguage, and if so, please lis	t	
Parish Ministries/Organiz	zations you are <u>CURRENT</u>	LY involved (i.e. Lector, Lad	lies Auxiliary, KofC)
		Office Use/	CROADS
Revised 7/2015			