

ST. JOSEPH'S CHURCH MEMBER FORM

NOTE: Please include **at least** one phone number. Any questions please call 468-6033.

Family Name: (Last Name) _____

Street Address: _____ **P.O. Address** _____

Head of Household Names:

- 1. Name: _____ Date of Birth: _____
Gender: M / F Religion: _____ Cell #: _____

- 2. Name: _____ Maiden Name: _____ Date of Birth: _____
Gender: M / F Religion: _____ Cell #: _____

Date of Marriage: _____ Home Phone #: _____
Email Address: _____

Status: (Select One)

- No Longer a Member of Parish
- Single
- Separated/Divorced
- Widow/Widower
- Catholic Marriage (Couple, Both Catholic)
- Catholic Marriage (One Catholic, One Not)
- Both Catholic – Married Outside of the Church
- One Catholic – Married Outside of the Church

Additional Members That Live In The Home:

- 1. First Name: _____ Last Name: _____ Date of Birth: _____
Gender: M / F Religion: _____ Father Pierz School of Religion: (Attending) Yes / No
Grade: _____ School: _____

- 2. First Name: _____ Last Name: _____ Date of Birth: _____
Gender: M / F Religion: _____ Father Pierz School of Religion: (Attending) Yes / No
Grade: _____ School: _____

- 3. First Name: _____ Last Name: _____ Date of Birth: _____
Gender: M / F Religion: _____ Father Pierz School of Religion: (Attending) Yes / No
Grade: _____ School: _____

- 4. First Name: _____ Last Name: _____ Date of Birth: _____
Gender: M / F Religion: _____ Father Pierz School of Religion: (Attending) Yes / No
Grade: _____ School: _____

- 5. First Name: _____ Last Name: _____ Date of Birth: _____
Gender: M / F Religion: _____ Father Pierz School of Religion: (Attending) Yes / No
Grade: _____ School: _____

Signature _____

REMARKS: