

**ST. JOSEPH CATHOLIC CHURCH, MAYSVILLE
MEMBERSHIP FORM**

TODAY'S DATE _____

FAMILY NAME _____

PHYSICAL ADDRESS, City, State, Zip _____

MAILING ADDRESS, City, State, Zip _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ FACEBOOK/TWITTER _____

YEAR ROUND RES.? _____ SUMMER RES.? _____ WINTER RES.? _____

WOULD YOU LIKE TITHING ENVELOPES? _____ BOX NO. _____

MARRIED _____ SINGLE _____ WIDOWED/DIVORCED _____

HEAD OF HH: PREFIX _____ SUFFIX _____ GENDER _____ DOB _____

FIRST NAME _____ MI _____ LAST NAME _____

RELIGION _____

Sacraments received: Please include Church and location of Church and date if possible:

Baptism _____

First Reconciliation/Communion _____

Confirmation _____

Marriage _____ Priest or Deacon present _____

SPOUSE: PREFIX _____ SUFFIX _____ GENDER _____ DOB _____

FIRST NAME _____ MI _____ LAST NAME _____

RELIGION _____

Sacraments received: Please include Church and location of Church and date if possible:

Baptism _____

First Reconciliation/Communion _____

Confirmation _____

Marriage _____ Priest or Deacon present _____

CHILDREN AND OTHER FAMILY MEMBERS: (You may add more on other side)

1. PREFIX _____ SUFFIX _____ GENDER _____ DOB _____

FIRST NAME _____ MI _____ LAST NAME _____

RELIGION _____

Sacraments received: Please include Church and location of Church and date if possible:

Baptism _____

First Reconciliation/Communion _____

Confirmation _____

Please turn to other side for additional children

Do you have any needs, interests, talents or requests you would like to shine with the priests, deacons or parish stuff? _____

ADDITIONAL FAMILY MEMBERS:

2. PREFIX _____ SUFFIX _____ GENDER _____ DOB _____
FIRST NAME _____ MI _____ LAST NAME _____
RELIGION _____

Sacraments received: Please include Church and location of Church and date if possible:

Baptism _____
First Reconciliation/Communion _____
Confirmation _____

3. PREFIX _____ SUFFIX _____ GENDER _____ DOB _____
FIRST NAME _____ MI _____ LAST NAME _____
RELIGION _____

Sacraments received: Please include Church and location of Church and date if possible:

Baptism _____
First Reconciliation/Communion _____
Confirmation _____

4. PREFIX _____ SUFFIX _____ GENDER _____ DOB _____
FIRST NAME _____ MI _____ LAST NAME _____
RELIGION _____

Sacraments received: Please include Church and location of Church and date if possible:

Baptism _____
First Reconciliation/Communion _____
Confirmation _____

5. PREFIX _____ SUFFIX _____ GENDER _____ DOB _____
FIRST NAME _____ MI _____ LAST NAME _____
RELIGION _____

Sacraments received: Please include Church and location of Church and date if possible:

Baptism _____
First Reconciliation/Communion _____
Confirmation _____

6. PREFIX _____ SUFFIX _____ GENDER _____ DOB _____
FIRST NAME _____ MI _____ LAST NAME _____
RELIGION _____

Sacraments received: Please include Church and location of Church and date if possible:

Baptism _____
First Reconciliation/Communion _____
Confirmation _____