



Date: \_\_\_\_\_

What is the last name you would like us to use for your household?		
Street Address		Apt #
City	State	Zip
Best phone # to use:		Best E-Mail to use:
Mailing Address (if different from street address)		Seasonal Address (please indicate months, and if mailings should continue)
Do we have permission to send e-mails? YES ___ NO ___ Do we have permission to send texts? YES ___ NO ___		

<b>Adults in Household</b>		
<b>ADULT #1</b> Status: Single ___ Married ___ Divorced ___ Widowed ___		
Sacraments Received: Baptism ___ Eucharist ___ Confirmation ___ Marriage ___		
Name:	Maiden Name (if applicable):	Date of Birth:
Religion:	Occupation:	Church of Marriage (Parish & Town):
Best phone #:	Alternate phone:	E-Mail

<b>ADULT #2</b> Status: Single ___ Married ___ Divorced ___ Widowed ___		
Sacraments Received: Baptism ___ Eucharist ___ Confirmation ___ Marriage ___		
Name:	Maiden Name (if applicable):	Date of Birth:
Religion:	Occupation:	Church of Marriage (Parish & Town):
Best phone #:	Alternate phone:	E-Mail

<b>ADULT #3</b> Status: Single ___ Married ___ Divorced ___ Widowed ___		
Sacraments Received: Baptism ___ Eucharist ___ Confirmation ___ Marriage ___		
Name:	Maiden Name (if applicable):	Date of Birth:
Religion:	Occupation:	Church of Marriage (Parish & Town):
Best phone #:	Alternate phone:	E-Mail

<b>ADULT #4</b> Status: Single ___ Married ___ Divorced ___ Widowed ___		
Sacraments Received: Baptism ___ Eucharist ___ Confirmation ___ Marriage ___		
Name:	Maiden Name (if applicable):	Date of Birth:
Religion:	Occupation:	Church of Marriage (Parish & Town):
Best phone #:	Alternate phone:	E-Mail

<b>Children Living at Home</b>					
<b>First &amp; Last Name:</b>		<b>Date of Birth:</b>		<b>First &amp; Last Name:</b>	
<b>Date of Birth:</b>		<b>First &amp; Last Name:</b>		<b>Date of Birth:</b>	
School:	Sacraments Rec'd ___ Baptism ___ 1st Communion ___ Confirmation	Will this child be enrolled in Faith Formation? ___ YES ___ NO	School:	Sacraments Rec'd ___ Baptism ___ 1st Communion ___ Confirmation	Will this child be enrolled in Faith Formation? ___ YES ___ NO
Cell #:	E-Mail:		Cell #:	E-Mail:	

<b>First &amp; Last Name:</b>		<b>Date of Birth:</b>		<b>First &amp; Last Name:</b>	
<b>Date of Birth:</b>		<b>First &amp; Last Name:</b>		<b>Date of Birth:</b>	
School:	Sacraments Rec'd ___ Baptism ___ 1st Communion ___ Confirmation	Will this child be enrolled in Faith Formation? ___ YES ___ NO	School:	Sacraments Rec'd ___ Baptism ___ 1st Communion ___ Confirmation	Will this child be enrolled in Faith Formation? ___ YES ___ NO
Cell #:	E-Mail:		Cell #:	E-Mail:	

<b>First &amp; Last Name:</b>		<b>Date of Birth:</b>		<b>First &amp; Last Name:</b>	
<b>Date of Birth:</b>		<b>First &amp; Last Name:</b>		<b>Date of Birth:</b>	
School:	Sacraments Rec'd ___ Baptism ___ 1st Communion ___ Confirmation	Will this child be enrolled in Faith Formation? ___ YES ___ NO	School:	Sacraments Rec'd ___ Baptism ___ 1st Communion ___ Confirmation	Will this child be enrolled in Faith Formation? ___ YES ___ NO
Cell #:	E-Mail:		Cell #:	E-Mail:	

<b>First &amp; Last Name:</b>		<b>Date of Birth:</b>		<b>First &amp; Last Name:</b>	
<b>Date of Birth:</b>		<b>First &amp; Last Name:</b>		<b>Date of Birth:</b>	
School:	Sacraments Rec'd ___ Baptism ___ 1st Communion ___ Confirmation	Will this child be enrolled in Faith Formation? ___ YES ___ NO	School:	Sacraments Rec'd ___ Baptism ___ 1st Communion ___ Confirmation	Will this child be enrolled in Faith Formation? ___ YES ___ NO
Cell #:	E-Mail:		Cell #:	E-Mail:	

If you do not have offertory envelopes, would you like them? YES \_\_\_ NO \_\_\_

Are you enrolled in Online Giving? YES \_\_\_ NO \_\_\_ I would like to learn more about Online Giving \_\_\_

Parish Involvement- Are you interested in any of the following?

- |                                   |                                  |  |
|-----------------------------------|----------------------------------|--|
| Altar Servers ___                 | Hospitality Ministry ___         | Prayer Shawl & Knit, Crochet, Sew Ministry ___ |
| Greeters ___                      | Community Life ___               | Women's Spirituality & Retreat ___             |
| Lectors ___                       | Outreach & Community Service ___ | Men's Spirituality & Retreat ___               |
| Music Ministry ___                | Knights of Columbus ___          | Vacation Bible Camp ___                        |
| Eucharistic Ministry ___          | Bible Study ___                  | Becoming a Member of the Catholic Church ___   |
| Visiting the Sick & Homebound ___ | Building & Grounds Committee ___ | Other: _____                                   |
| Faith Formation Teacher ___       | Giving Garden Ministry ___       | _____  |

Do you have any special skills or talents? (i.e., handyman, plumber, electrical, painting, HVAC, finance, marketing, landscaping, photographer, videography, baking, technical, etc.) \_\_\_\_\_

How did you hear about our parish: \_\_\_\_\_

Any additional comments: \_\_\_\_\_

For office use only: Date Rec'd _____ Date entered into PDMS _____ Parish Envelope Number _____
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