

ST. MICHAEL'S CATHOLIC CHURCH MEMBERSHIP REGISTRATION

PERSONAL DATA

Name:		Date:	Home Phone:
Date of birth:	Mailing address:		Work Phone:
Street address:			Cell Phone:
City:	State:	ZIP:	Occupation:
Religion:	E-Mail:	Place of Work:	
Baptism Date: (if Known)	Parish of Baptism:		
	Parish Address:		
Marriage Date:	Parish of Marriage:		
	Parish Address:		
Special Needs:			

SPOUSE INFORMATION

Name:		Maiden Name:	
Address:			Work Phone:
City:	State:	ZIP:	Occupation:
Date of Birth:	Email Address:		Place of Work:
Baptism Date: (If Known)	Parish of Baptism:		
	Parish Address:		

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

FAMILY INFORMATION

Please list children LIVING AT HOME, and ALL DEPENDANT CHILDREN (college students). List children from oldest to youngest.

Name	DOB	Baptism		Mark and date if Received	
		Parish of Baptism and Address	Date of Baptism	First Communion	Confirmation

Please list any special circumstances that the parish Priest should be aware of:

AREAS OF INTEREST

Please initial any parish activities, programs, committees, and functions that you may wish to participate in or are now participating in.

Parish Council	<input type="checkbox"/>	Lector at Mass	<input type="checkbox"/>	Adult Choir	<input type="checkbox"/>	C.C.D. Teacher	<input type="checkbox"/>	Usher	<input type="checkbox"/>	Alter boy/girl	<input type="checkbox"/>
Youth Choir	<input type="checkbox"/>	Catholic Daughters	<input type="checkbox"/>	Bible Study	<input type="checkbox"/>	Eucharistic Minister	<input type="checkbox"/>	Other	<input type="checkbox"/>		