

Family Information

(Include only children who reside with you and who have not yet reached the age of 21. Those 21 and older should register separately.)

	Child	Child	Child
First Name			
Middle Name			
Last Name			
Religion			
Gender			
Birth Date (Month/Day/Year)			
Birth Place			
School			
Baptismal Date & Parish (Name, City, State)			
Ministries of Interest (Alter Server, Choir)			

Adult Parish Ministries

	Currently Participate	Would like to Participate		Currently Participate	Would like to Participate
Adult Choir	<input type="checkbox"/>	<input type="checkbox"/>	Funeral Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
Altar Linens	<input type="checkbox"/>	<input type="checkbox"/>	Homebound Ministry	<input type="checkbox"/>	<input type="checkbox"/>
Arimatheans (Funeral Support)	<input type="checkbox"/>	<input type="checkbox"/>	Hospital Ministry	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	<input type="checkbox"/>	Knights of Columbus	<input type="checkbox"/>	<input type="checkbox"/>
Catechist/Youth Group Leader	<input type="checkbox"/>	<input type="checkbox"/>	Lay Carmelites	<input type="checkbox"/>	<input type="checkbox"/>
Contemplative Prayer Group	<input type="checkbox"/>	<input type="checkbox"/>	Lector	<input type="checkbox"/>	<input type="checkbox"/>
Extraordinary Ministers of Communion	<input type="checkbox"/>	<input type="checkbox"/>	Ministry to Divorced Catholics	<input type="checkbox"/>	<input type="checkbox"/>
Family-2-Family	<input type="checkbox"/>	<input type="checkbox"/>	M.O.M.S. (Women's Group)	<input type="checkbox"/>	<input type="checkbox"/>
			RCA Team	<input type="checkbox"/>	<input type="checkbox"/>
			"Re-Membering" for returning Catholics	<input type="checkbox"/>	<input type="checkbox"/>
			Respect Life	<input type="checkbox"/>	<input type="checkbox"/>
			Sacristans	<input type="checkbox"/>	<input type="checkbox"/>
			School Volunteer	<input type="checkbox"/>	<input type="checkbox"/>
			Shrine Care	<input type="checkbox"/>	<input type="checkbox"/>
			Social Committee	<input type="checkbox"/>	<input type="checkbox"/>
			Ushers	<input type="checkbox"/>	<input type="checkbox"/>
			Welcoming Committee	<input type="checkbox"/>	<input type="checkbox"/>
			Youth Choir	<input type="checkbox"/>	<input type="checkbox"/>
			Youth Ministry	<input type="checkbox"/>	<input type="checkbox"/>

I am a seasonal resident. I usually depart in _____ (month) and return in _____ (month).
 I would like to volunteer at the Parish. My gifts are (i.e., Maintenance, Clerical, Cooking, Cleaning, etc.) _____
 Would you like a priest to visit and bless your home? Yes _____ No _____

Someone from the Welcoming Committee will contact you. Please list the preferred time to contact you. Weekday: _____ Time: _____.

For Parish Use Only: Registration date: _____ Env# _____ Bulletin _____ ParishSoft _____ Envelopes _____ Letter _____

