



PARISHIONER REGISTRATION

Church of St. Joseph

12 W. Minnesota St.
St. Joseph, MN 56374
320/363-7505

Today's Date: _____

Street Address: _____

City, State: _____ Zip Code: _____

Mailing Address (if different): _____

Primary Phone: _____ Secondary Phone: _____

E-Mail Address: _____

Preferred Title: Mr. & Mrs. Mr. Mrs. Miss Ms.

Head of Household

Adult 2

Last Name: _____

First Name: _____

Preferred Nickname: _____

Maiden Name: _____

Gender: Male Female Male Female

Birth Date: _____

Religion: _____

Disability: _____

Occupation: _____

Employer: _____

Work Phone: _____

Sacraments Received: Baptism Baptism
 First Communion First Communion
 Confirmation Confirmation

Marital Status:

Married Date: _____ Place: _____

DEPENDENTS

Child 1

Child 2

Child 3

Child 4

First Name:

Last Name:

Grade:

Nickname:

Gender:

Male Female

Male Female

Male Female

Male Female

Birth Date:

Religion:

Disability

Sacraments:

Baptism

Baptism

Baptism

Baptism

First Communion

First Communion

First Communion

First Communion

Confirmation

Confirmation

Confirmation

Confirmation



FOR OFFICE USE ONLY

Envelope # _____

Packet Given

KC ticket # _____