Envelop # _____

ST. JOSEPH CHURCH — REGISTRATION CARD

LAST NAME _____**DATE** _____

ADDRESS _____
Street **City** **Zip Code**

TELEPHONE: home _____ **other** _____

MR.	MISS MS. MRS.
FIRST NAME _____	FIRST NAME _____
BIRTH DATE _____	BIRTH DATE _____
Occupation _____	Occupation _____
Please circle Yes or No	Please circle Yes or No
Baptized Yes No First Communion Yes No	Baptized Yes No First Communion Yes No
Penance Yes No Confirmation Yes No	Penance Yes No Confirmation Yes No

MARITAL STATUS: Church Marriage Married Single Widowed Divorced
(please circle)

IF MARRIED, DATE OF MARRIAGE: _____

CHILDREN LIVING AT HOME

NAME	GENDER	DATE OF BIRTH	SACRAMENTS RECEIVED
			Baptism ___ 1st Communion _____ Penance ___ Confirmation _____
			Baptism ___ 1st Communion _____ Penance ___ Confirmation _____
			Baptism ___ 1st Communion _____ Penance ___ Confirmation _____
			Baptism ___ 1st Communion _____ Penance ___ Confirmation _____
			Baptism ___ 1st Communion _____ Penance ___ Confirmation _____
			Baptism ___ 1st Communion _____ Penance ___ Confirmation _____