

REGISTRATION FORM

Date:	St. Joseph Catholic Parish 1927 SW Green Oaks Blvd., Arlington, Texas 76017-2734 (817) 472-5181	For Office Use Only:
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HEADS OF HOUSEHOLD	PLEASE PRINT OR TYPE INFORMATION:									
	Mr. Mrs. Miss Ms.									
		LAST NAME (Maiden Name)			FIRST					
		BIRTHDATE		OCCUPATION			Area Code		WORK PHONE NUMBER	
		RELIGION			ETHNICITY					
	BAPTIZED Yes () No ()		FIRST COMMUNION Yes () No ()		PENANCE Yes () No () <small>Confession/Reconciliation</small>		CONFIRMED Yes () No ()			
	PLEASE PRINT OR TYPE INFORMATION:									
	Mr. Mrs. Miss Ms.									
	LAST NAME (Maiden Name)			FIRST						
	BIRTHDATE		OCCUPATION			Area Code		WORK PHONE NUMBER		
	RELIGION			ETHNICITY						
BAPTIZED Yes () No ()		FIRST COMMUNION Yes () No ()		PENANCE Yes () No () <small>Reconciliation</small>		CONFIRMED Yes () No ()				

STREET ADDRESS AND PHONE										
	STREET		APT #		CITY		STATE		ZIP	
	Area Code		HOME PHONE		E-MAIL: _____					
PHONE NUMBER IS UNLISTED ()										
LANGUAGE SPOKEN IN THE HOME - ENGLISH () SPANISH () OTHER () _____										

MARITAL STATUS	SINGLE ()	MARRIED ()	DIVORCED ()	WIDOWED ()	SEPARATED ()
	IF MARRIED, WERE YOU MARRIED IN THE CATHOLIC CHURCH? Yes () No ()				DATE: ___/___/___

CHILDREN AT HOME	Name			M/ F	Birth Date	Baptism Y/N	1st Comm. Y/N	Confirm Y/N	Grade	School/ Occupation
	First	/	Last							

OTHERS AT HOME	Name			M/ F	Birth Date	Baptism Y/N	1st Comm. Y/N	Confirm Y/N	Grade	School/ Occupation
	First	/	Last							

PLEASE RESPOND	Would you like your name(s) listed in the weekly bulletin?	YES () NO ()
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For Office Use Only First Name

Last Name

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I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING MINISTRIES:

FORMATION / EDUCATION: Contact: _____

- TEAM MEMBER FOR:** Sacramental Preparation Vacation Bible School
 RCIA Adult Education
 Youth Ministry (Junior & Senior High)

- PARTICIPANT IN:** Rite of Christian Initiation for Adults
 Rite of Christian Initiation for Children
 Adult Education

FACILITY MAINTENANCE: Contact: _____

- Facility Repair Ministry

BUSINESS: Contact: _____

- Church Office Ministry Religious Education Office Ministry
 Money Counting Ministry

SPIRITUAL: Contact: _____

- | | |
|---|---|
| <input type="checkbox"/> LITURGY—Lector | <input type="checkbox"/> Music/Choir-Mass |
| <input type="checkbox"/> Usher- Mass | <input type="checkbox"/> Welcome Committee-Mass |
| <input type="checkbox"/> Children's Liturgy | <input type="checkbox"/> Eucharistic Minister—Mass |
| <input type="checkbox"/> Catholic Scripture Study | <input type="checkbox"/> Eucharistic Minister to the Sick |

SOCIAL: Contact: _____

- | | |
|---|--|
| <input type="checkbox"/> Coffee and Donut Ministry | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> St. Vincent de Paul Society |
| <input type="checkbox"/> Women's Auxiliary | |
| <input type="checkbox"/> Outreach/Arlington Night Shelter | |

MY CHILD IS INTERESTED IN BEING AN ALTAR SERVER: (5TH GRADE AND OLDER)

1. _____
2. _____

OTHER INTERESTS: _____

**SPECIAL
TALENTS AND
ABILITIES**

COMMENTS
