



**ST. JOSEPH**  
CATHOLIC CHURCH

## RENEWAL REGISTRATION FORM

### REGISTRANT'S INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you Catholic? YES  No  Other: \_\_\_\_\_

Do you attend St. Joseph? YES  No  If not, where?: \_\_\_\_\_

Named you'd like to be called: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

### EMERGENCY CONTACT

(in case of emergency, contact the following:

Spouse: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Other: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

*Plases return this form to Deacon Jim Harvey or to the church office.*