

REGISTRATION FORM

Date:	St. Joseph Catholic Community 1927 SW Green Oaks Blvd., Arlington, Texas 76017-2734 (817)472-5181							
HEADS OF HOUSEHOLD	PLEASE PRINT OR TYPE INFORMATION:							
	Mr. Mrs. Miss Ms.	RELIGION						
	LAST NAME (Maiden Name)	FIRST						
	BIRTHDATE	OCCUPATION						
	AREA CODE & WORK PHONE NUMBER							
	BAPTIZED Yes () No () FIRST COMMUNION Yes () No () PENANCE Yes () No () CONFIRMED Yes () No () Confession/Reconciliation							
Mr. Mrs. Miss Ms.	RELIGION							
LAST NAME (Maiden Name)	FIRST							
BIRTHDATE	OCCUPATION							
	AREA CODE & WORK PHONE NUMBER							
	BAPTIZED Yes () No () FIRST COMMUNION Yes () No () PENANCE Yes () No () CONFIRMED Yes () No () Confession/Reconciliation							
STREET ADDRESS AND PHONE	STREET	APT #						
	CITY	STATE						
	ZIP							
	HOME PHONE ()	E-MAIL:						
	Area Code	PHONE NUMBER IS UNLISTED ()						
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 Date	1st Comm. Y/N	Confirm Y/N	Grade	School/ Occupation
	First / Last							
OTHERS AT HOME	Name	M/ F	Birth Date	Baptism Date	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 ()							

MINISTRIES

I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING MINISTRIES:

FORMATION / EDUCATION:

Please contact _____

- | | | |
|------------------|--------------------------------------------------------------------|------------------------------------------------|
| TEAM MEMBER FOR: | <input type="checkbox"/> Sacramental Preparation | <input type="checkbox"/> RCIA Children |
| | <input type="checkbox"/> RCIA Adult Education | <input type="checkbox"/> Vacation Bible School |
| | <input type="checkbox"/> Youth Ministry (Junior & Senior High) | |
| | <input type="checkbox"/> Teen Talk | |
| PARTICIPANT IN: | <input type="checkbox"/> Rite of Christian Initiation for Adults | |
| | <input type="checkbox"/> Rite of Christian Initiation for Children | |
| | <input type="checkbox"/> Adult Education | |

FACILITY MAINTENANCE:

Please contact _____

- | | |
|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Floor Cleaning Ministry | <input type="checkbox"/> Lawn Care Ministry |
| <input type="checkbox"/> Window Washing Ministry | <input type="checkbox"/> Facility Repair Ministry |

BUSINESS:

Please contact _____

- | | |
|--------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Church Office Ministry | <input type="checkbox"/> Religious Education Office Ministry |
| <input type="checkbox"/> Money Counting Ministry | <input type="checkbox"/> Parish Pastoral Council |

SPIRITUAL:

Please contact _____

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> LITURGY—Lector 5:30, 9am, 11:45, 3pm | <input type="checkbox"/> Music/Choir -5:30, 9am, 11:45, 3pm(Español) |
| <input type="checkbox"/> Usher -5:30, 9am, 11:45, 3 pm(Español) | <input type="checkbox"/> Welcome Committee (Specify Mass time) _____ |
| <input type="checkbox"/> Prayer Group | <input type="checkbox"/> Eucharistic Minister-(Specify Mass time) _____ |
| <input type="checkbox"/> Prayer Request Ministry | <input type="checkbox"/> Eucharistic Minister to the Sick |

SOCIAL:

Please contact _____

- | | |
|-----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Coffee and Donut Ministry | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> Babysitting Co-op |
| <input type="checkbox"/> Women's Auxiliary | <input type="checkbox"/> St. Vincent de Paul Conference |
| <input type="checkbox"/> Singles | <input type="checkbox"/> Knights of Columbus |
| <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

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE OFFICE AT (817)472-5181.
 THIS FORM MAY BE PUT IN THE SUNDAY COLLECTION OR MAILED IN.
 THANK YOU FOR TAKING THE TIME TO FILL THIS OUT.