

# REGISTRATION FORM

<b>Date:</b>	<b>St. Joseph Catholic Community</b> 1927 SW Green Oaks Blvd., Arlington, Texas 76017-2734 (817)472-5181																																																																														
HEADS OF HOUSEHOLD	<b>PLEASE PRINT OR TYPE INFORMATION:</b>																																																																														
	Mr. Mrs. Miss Ms.	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">LAST NAME (Maiden Name)</td> <td style="border: none;">FIRST</td> <td style="border: none;">RELIGION</td> </tr> </table>	LAST NAME (Maiden Name)	FIRST	RELIGION																																																																										
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MARITAL STATUS	SINGLE (    )    MARRIED (    )    DIVORCED (    )    WIDOWED (    )    SEPARATED (    ) IF MARRIED, WERE YOU MARRIED IN THE CATHOLIC CHURCH?    Yes (    ) No (    )    DATE: ____/____/____																																																																														
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PLEASE RESPOND	Would you like your name(s) listed in the weekly bulletin? <span style="float: right;">YES (    ) NO (    )</span>																																																																														

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.