



## 2024 REGISTRATION FORM

DATE	_____ / _____ / _____ MONTH                      DAY                      YEAR			ARE YOU (CHECK BOX)		
				<input type="checkbox"/> UPDATING INFORMATION	<input type="checkbox"/> A NEW REGISTRATION	
MASS YOUR FAMILY REGULARLY ATTENDS	<input type="checkbox"/> 5PM SAT	<input type="checkbox"/> 7:30AM SUN	<input type="checkbox"/> 9AM SUN	<input type="checkbox"/> 11AM SUN	<input type="checkbox"/> 5PM SUN	

### ADULTS

FIRST NAME	LAST NAME	DATE OF BIRTH:	MONTH / DAY / YEAR
EMAIL ADDRESS			GENDER
HOME PHONE		CELL PHONE	
MAILING ADDRESS			
OCCUPATION		RELIGION	
FIRST NAME	LAST NAME	DATE OF BIRTH:	MONTH / DAY / YEAR
EMAIL ADDRESS			GENDER
HOME PHONE		CELL PHONE	
MAILING ADDRESS (IF NOT SAME AS ABOVE)			
OCCUPATION		RELIGION	

### CHILDREN

FIRST NAME	LAST NAME	GENDER	DATE OF BIRTH: MONTH / DAY / YEAR
FIRST NAME	LAST NAME	GENDER	DATE OF BIRTH: MONTH / DAY / YEAR
FIRST NAME	LAST NAME	GENDER	DATE OF BIRTH: MONTH / DAY / YEAR
FIRST NAME	LAST NAME	GENDER	DATE OF BIRTH: MONTH / DAY / YEAR
FIRST NAME	LAST NAME	GENDER	DATE OF BIRTH: MONTH / DAY / YEAR

PLEASE ENSURE ALL INFORMATION IS CORRECT AND COMPLETE OTHER SIDE

**MARITAL STATUS**

<input type="checkbox"/> CIVIL MARRIAGE	<input type="checkbox"/> CATHOLIC CHURCH MARRIAGE	<input type="checkbox"/> _____ OTHER
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CATHOLIC CHURCH OF MARRIAGE (FULL NAME)	_____
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CITY	_____	COUNTRY	_____
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**DONATIONS**

DO YOU USE DONATION ENVELOPES/BOX?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
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DIRECT DEPOSIT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>If you currently not using any of these methods, but would like to do so, please contact the parish office</b>
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Tell us a little about yourself: (work/life experience, educational background, hobbies, volunteer experience in the Church and in your community).

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**VOLUNTEER OPPORTUNITIES** **WEEKDAY VOLUNTEERS**

<input type="checkbox"/> EXTRAORDINARY MINISTER OF HOLY COMMUNION (EMHC)	<input type="checkbox"/> ST. VINCENT DE PAUL	<input type="checkbox"/> ROSARY LEADER
<input type="checkbox"/> LECTOR	<input type="checkbox"/> ALTAR SERVING	<input type="checkbox"/> MT. ROYAL CARE HELPER
<input type="checkbox"/> HOSPITALITY DESK	<input type="checkbox"/> CATHOLIC WOMEN'S LEAGUE	<input type="checkbox"/> OTHER:
<input type="checkbox"/> MONEY COUNTER	<input type="checkbox"/> KNIGHTS OF COLUMBUS	
<input type="checkbox"/> CHOIR	<input type="checkbox"/> BUILDING MAINTENANCE	
<input type="checkbox"/> SACRAMENT PREPARATION TEAM	<input type="checkbox"/> RCIA TEAM	
<input type="checkbox"/> SACRISTAN	<input type="checkbox"/> ALTAR LINENS (LAUNDER)	
<input type="checkbox"/> YOUTH VOLUNTEER	<input type="checkbox"/> EVENTS HOSPITALITY	
<input type="checkbox"/> OTHER:		