

ST. JOSEPH PARISH REGISTRATION FORM

Name				Today's Date		
Mailing Address			City		State	ZIP
Home Phone		Work Phone #1	Work Phone #2	Cell Phone #1	Cell Phone #2	
Name _____		Name _____	Name _____	Name _____	Name _____	
Number		Number	Number	Number	Number	
E-mail Address #1		E-mail Address #2			Presently when we send Robo-Calls from St. Joseph, we only call the home number. May we use your cell number or e-mail? ___ Yes ___ No Do you wish to be removed from the calling list? ___ Yes ___ No	
Name _____ e-mail _____		Name _____ e-mail _____				
___ Single ___ Married ___ Separated ___ Divorced ___ Widowed		<u>CHURCH ENVELOPES</u> ___ Would like to receive <u>ONE VOICE</u> Diocesan Newspaper ___ Would like to receive		___ Registered Member ___ Member of another local parish ___ Not Registered Name of Parish _____ ___ Would like to register _____ MASS USUALLY ATTEND _____		
(ADULTS) LAST NAME	FIRST NAME	DATE OF BIRTH	CATHOLIC	CONFIRMED	OCCUPATION	EMPLOYER
(CHILDREN) LAST NAME	FIRST NAME	DATE OF BIRTH	CATHOLIC	CONFIRMED	YEAR IN SCHOOL	SCHOOL