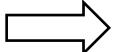
St. Joseph's Roman Catholic Church 45 MacArthur Dr. Scotia, NY 12302

Registration Form

Family Name - Head of Househol		nificant Other:	
Last Name:	Last Name:		
First Name:	First Name:	First Name:	
Title:	Title:		
Household Information:		ı	
Registered Date:	_Envelopes: yes/no Phone_	Cell	
Street Address	City	StateZip	
Email address			
Evangelist Subscription: Yes	s/No		
Personal Information - Head of H	ousehold:		
Gender Date of Birth	Marital Status	Language	
Religion Occ	eupation		
Sacraments: Baptismal Date:	Church:		
First Communion Date:	Church:		
Confirmation Date:	Church:		
Marriage Date:	Church:		
Personal Information Spouse/Sign			
GenderDate of Birth	Marital Status	Language	
Religion Occ	eupation		
Sacraments: Baptismal Date:	Church:		
First Communion Date:	Cnurch:		
Confirmation Date:	Church:		
Marriage Date:	Church:		
Alternate Address (ie: Winter Tra	veler): Active from	: Month: Day:	
		Day:	
Street Address		<i>- w</i> j.	
City/State/ Zip		o alternate address? Yes/No	
Optional: Emergency Contact:			
Name:	Phone:		
Relationship			

Would you be willing to serve on any of these Parish Committees? Circle all those that apply: Eucharistic Minister, Lector, Usher, Choir, Faith Formation, Bereavement, Buildings and Grounds, Children's Liturgy, Greeters, Finance, Prayer and Worship, Marriage Prep, Social Concerns, Youth Ministries

Please complete the household information on reverse side. List only those members who reside at above address.



	rmation - Child/Housel		
First Name		Last Name	Language
Gender	Date of Birth	Marital Status	Language
Religion	Occup	ation	
Sacraments: B	aptismal Date:	Church:	
First Commun	ion Date:	Church:	
Confirmation 1	Date:	Church:	
Marriage Date	: <u> </u>	Church:	
Personal Info	rmation - Child/House	hold Member:	
Gender	Date of Birth	Marital Status	Language
Religion	Occup	ation	
Sacraments: B	aptismal Date:	Church:	
First Commun	ion Date:	Church:	
Confirmation 1	Date:	Church:	
	rmation - Child/Housel		
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Delicion	Date of Birth	Waritai Status	Language
Carramanta D	Occup	ation	
Sacraments: B	aptismai Date:	Character	
Careform 4: and	10n Date:	Character	
Confirmation I	Date: :	Character	
	rmation - Child/Housel Date of Birth		Language
Religion	Occup	ation	
Sacraments: B	aptismal Date:	Church:	
First Commun	ion Date:	Church:	
		Church:	
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	rmation - Child/Housel		
First Name	D + CD: 41	Last Name	T
Gender	Date of Birth	Marital Status	Language
Keligion	Occup	ation	
Sacraments: B	aptismal Date:	Church:	
First Commun	ion Date:	Cnurch:	
Confirmation	Date:	Church:	
Marriage Date	:	Church:	
	rmation - Child/Housel		
Gender	Date of Birth	Marital Status	Language
Religion	Occum	ation	
	aptismal Date:		
First Commun	ion Date:	Church:	
Confirmation 1	Date:	Church:	