

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

Registration Form

Family Name: _____
Env. # _____

Family Name - Head of Household:

Last Name: _____
First Name: _____
Title: _____

Spouse/Significant Other:

Last Name: _____
First Name: _____
Title: _____

Household Information:

Registered Date: _____ Envelopes: yes/no Phone _____ Cell _____
Street Address _____ City _____ State _____ Zip _____
Email address _____
Evangelist Subscription: Yes/No

Personal Information - Head of Household:

Gender _____ Date of Birth _____ Marital Status _____ Language _____
Religion _____ Occupation _____
Sacraments: Baptismal Date: _____ Church: _____
First Communion Date: _____ Church: _____
Confirmation Date: _____ Church: _____
Marriage Date: _____ Church: _____

Personal Information Spouse/Significant Other:

Gender _____ Date of Birth _____ Marital Status _____ Language _____
Religion _____ Occupation _____
Sacraments: Baptismal Date: _____ Church: _____
First Communion Date: _____ Church: _____
Confirmation Date: _____ Church: _____
Marriage Date: _____ Church: _____

Alternate Address (ie: Winter Traveler):

Active from: Month: _____ Day: _____
To: Month: _____ Day: _____

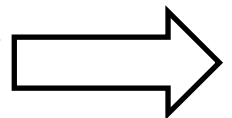
Street Address _____
City/State/ Zip _____ Send mail to alternate address? Yes/No

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.



Personal Information - Child/Household Member:

First Name _____ Last Name _____
Gender _____ Date of Birth _____ Marital Status _____ Language _____
Religion _____ Occupation _____
Sacraments: Baptismal Date: _____ Church: _____
First Communion Date: _____ Church: _____
Confirmation Date: _____ Church: _____
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Personal Information - Child/Household Member:

First Name _____ Last Name _____
Gender _____ Date of Birth _____ Marital Status _____ Language _____
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Religion _____ Occupation _____
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First Communion Date: _____ Church: _____
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