St. Joseph's Roman Catholic Church 231 Second Street Scotia, NY 12302

Registration Form

Family Name – Head of Household:	Spouse/Significant Other:	
Last Name		
First Name	First Name	
Title		
Household Information:		
Registered Date	Phone	Cell
Street Address		
Email Address		1
Evangelist Subscription: Yes/No		
Donation Method: Envelopes: Yes/No	ACH Debit: Yes/No	
(Note: Children's envelopes are also avail		o use them. Please indicate on
reverse side.)		
Personal Information – Head of Househo	ld:	
Gender Date of Birth	Marital Status	Language
ReligionOccupation	1	
Sacraments: Baptismal Date	Church	
First Communion Date	Church	
Confirmation Date	Church	
Marriage Date	Church	
Maiden Name (if applicable)		
Personal Information – Spouse/Significan	nt Other:	
GenderDate of Birth	Marital Status	Language
ReligionOccupation		
Sacraments: Baptismal Date	Church	
First Communion Date	Church	
Confirmation Date		
Marriage Date		
Maiden Name (if applicable)		
Alternate Address (ie: Winter Traveler):	Active from: M	onth: Day:
,	<u>To:</u> N	Ionth: Day:
Street Address	· · · · · · · · · · · · · · · · · · ·	
City/State/Zip	Send mail to alto	ernate address? Yes/No
Optional Emergency Contact:		
Name	Phone	
Relationship		
1		

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



Personal Information – Child		Children's Envelopes: Yes/No
First Name	Last Name	
GenderDate of Birth	Language	Religion
Sacraments: Baptismal Date		
First Communion Date	Church	
Confirmation Date	Church	
Personal Information – Child		Children's Envelopes: Yes/No
First Name	Last Name	
GenderDate of Birth	Language	Religion
Sacraments: Baptismal Date		
First Communion Date	Church	
Confirmation Date		
Danis and Jackson Child		
Personal Information – Child	T / NT	Children's Envelopes: Yes/No
First Name		
GenderDate of Birth		
Sacraments: Baptismal Date		
First Communion Date	Church	
Confirmation Date	Church	
Personal Information – Child		Children's Envelopes: Yes/No
First Name	Last Name	
GenderDate of Birth	Language	Religion
Sacraments: Baptismal Date		
First Communion Date	Church	
Confirmation Date		
Personal Information – Child		Children's Envelopes: Yes/No
	Last Name	
First NameDate of Birth	Last Name	
Sacraments: Baptismal Date		Kengion_
First Communion Date		
Confirmation Date	Church	
Personal Information – Child		Children's Envelopes: Yes/No
First NameDate of Birth	Last Name	
Sacraments: Baptismal Date		
First Communion Date		
Confirmation Date	Church	
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Names, birth dates and relationship o	f any others living in your ho	ousehold: