

**ST. JOSEPH CHURCH  
SPRING CITY  
REGISTRATION FORM**

<p style="text-align: center;">***FOR OFFICE USE ONLY** *</p> <p><input type="checkbox"/> Welcome Packet</p> <p><input type="checkbox"/> Recorded in Database</p> <p><input type="checkbox"/> Recorded in QuickBooks</p> <p><input type="checkbox"/> Mailed to Remy</p>
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Envelope No. \_\_\_\_\_ Current Date \_\_\_\_\_ (Circle) M/M Mr. Mrs. Ms.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse First Name \_\_\_\_\_ MI \_\_\_\_\_ Maiden Name \_\_\_\_\_ # of Children \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Languages Spoken \_\_\_\_\_ Own/Rent \_\_\_\_\_ Marital Status \_\_\_\_\_

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**HUSBAND/MALE** Date of Birth \_\_\_/\_\_\_/\_\_\_ Religion \_\_\_\_\_ Ethnic Background \_\_\_\_\_  
(ex. Irish, German, etc.)

Baptism: Y N First Communion: Y N Confirmation: Y N Occupation \_\_\_\_\_

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**WIFE/FEMALE** Date of Birth \_\_\_/\_\_\_/\_\_\_ Religion \_\_\_\_\_ Ethnic Background \_\_\_\_\_  
(ex. Irish, German, etc.)

Baptism: Y N First Communion: Y N Confirmation: Y N Occupation \_\_\_\_\_

Married in Church: Y N Date of Marriage \_\_\_/\_\_\_/\_\_\_

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**ST. JOSEPH CHURCH, SPRING CITY  
REGISTRATION FORM—SIDE 2**

**CHILDREN**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Baptism: Y N      First Communion: Y N      Confirmation: Y N      Catholic School: Y N

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Baptism: Y N      First Communion: Y N      Confirmation: Y N      Catholic School: Y N

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Baptism: Y N      First Communion: Y N      Confirmation: Y N      Catholic School: Y N

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Baptism: Y N      First Communion: Y N      Confirmation: Y N      Catholic School: Y N

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Baptism: Y N      First Communion: Y N      Confirmation: Y N      Catholic School: Y N

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Baptism: Y N      First Communion: Y N      Confirmation: Y N      Catholic School: Y N

**OTHERS LIVING IN HOME**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Religion \_\_\_\_\_ Baptism: Y N      First Communion: Y N      Confirmation: Y N

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Religion \_\_\_\_\_ Baptism: Y N      First Communion: Y N      Confirmation: Y N

Special Needs? \_\_\_\_\_