

ST. JOSEPH CHURCH
P.O. Box 236 North Scituate, RI 02857
647-2255

A.

FAMILY NAME (Last Name only) _____		DATE _____	
ADDRESS _____			
Street _____		City/Town _____	Zip _____
MAILING ADDRESS _____			
Street _____		City/Town _____	Zip _____
PHONE NUMBER _____		- UNLISTED	YES _____ NO _____
PARISH STATUS (Mass Attendance) -		ACTIVE _____	INACTIVE _____

B.

E-MAIL ADDRESS _____

HUSBAND/FATHER - MALE HEAD OF HOUSEHOLD

NAME _____ DATE OF BIRTH _____

RELIGION: CATHOLIC _____ OTHER (Please specify) _____

If Catholic, have you received Confirmation? YES _____ NO _____

YEARS OF EDUCATION _____ OCCUPATION _____

BUSINESS NAME _____

BUSINESS ADDRESS _____ PHONE _____

MARRIAGE STATUS: SINGLE ___ MARRIED ___ WIDOWED ___ DIVORCED ___

MARRIED IN THE CHURCH: YES _____ NO _____

DATE AND PLACE OF MARRIAGE _____

CHURCH MINISTRIES INVOLVED IN (Please list) _____

INTERESTED IN SERVING PARISH AS _____

WIFE/MOTHER - FEMALE HEAD OF HOUSEHOLD

NAME _____ DATE OF BIRTH _____
First Maiden Name

RELIGION: CATHOLIC _____ OTHER (Please specify) _____

If Catholic, have you received Confirmation? YES _____ NO _____

YEARS OF EDUCATION _____ OCCUPATION _____

BUSINESS NAME _____

BUSINESS ADDRESS _____ PHONE _____

MARRIAGE STATUS: SINGLE ___ MARRIED ___ WIDOWED ___ DIVORCED ___

MARRIED IN THE CHURCH: YES _____ NO _____

DATE AND PLACE OF MARRIAGE _____

CHURCH MINISTRIES INVOLVED IN (Please list) _____

INTERESTED IN SERVING PARISH AS _____

C.

PARISH BUDGET ENVELOPES:	USE REGULARLY - YES ___ NO ___	PLEASE SEND ___
	BUDGET ENVELOPE NUMBER _____	

D.

CHILDREN (List from OLDEST to YOUNGEST - if more than 5 children, please list on a separate paper. List only children living at home)

NAME:	1. _____	DATE OF BIRTH:	_____
	2. _____		_____
	3. _____		_____
	4. _____		_____
	5. _____		_____

SACRAMENTS:

Sacrament date	BAPTISM:	Sacrament date	Church, Town
	Church, Town		
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

CONFIRMATION:

Sacrament date	Church, Town
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

ATTENDING RELIGION CLASSES:

YES	NO
_____	_____
_____	_____
_____	_____
_____	_____

SCHOOL:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

GRADE

D.

LIST ANY OTHER MEMBERS OF YOUR HOUSEHOLD:

NAME _____	DATE OF BIRTH _____
_____	_____

MARRIAGE STATUS: SINGLE _____ MARRIED _____ WIDOWED _____ DIVORCED _____

RELATIONSHIP _____	HOUSEBOUND _____	YES _____	NO _____
_____	_____	_____	_____