



# Welcome to the Saint Joseph Parish Community

1345 North Sixth Street, Springfield, IL 62702-3912 (217)544-7426

## PARISH REGISTRATION FORM

Date: \_\_\_\_\_

**INSTRUCTIONS:** Please use a pen and print to fill out the front and back of this form.

When completed, please return it either through the collection basket or mail service. If you have any questions or need assistance don't hesitate to call.

### PERSONAL INFORMATION

This information is **private** but is helpful to us in recognizing the special circumstances of our parishioners and in assessing how we might best meet their needs and interests.

### ADULT #1 (Head of Household)

Name (first, middle initial, last): \_\_\_\_\_ Maiden (*if applicable*): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_

City: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ E-Mail \_\_\_\_\_ ?Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Unlisted? Yes/No

Marital Status: Single Married (*To whom* \_\_\_\_\_ *Date* \_\_\_\_\_) Widowed Separated Divorced

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_ Religion: \_\_\_\_\_

Check the Sacraments Received:    Baptism\_\_\_\_    Communion\_\_\_\_    Confirmation\_\_\_\_    Holy Orders\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Retired    Disabled    Unemployed

*If you wish to provide further information on any physical, learning or other challenge or disability, please do so on the reverse side. We may be able to help you with one of our ministries.*

Educational Background: Years completed \_\_\_\_\_ Certificate Diploma/Degree    Alum of St. Joseph Grade School (Year \_\_\_\_\_)

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Areas of Interest, Skills & Talents: \_\_\_\_\_

### ADULT #2 (living at same address)

Name (first, middle initial, last): \_\_\_\_\_ Maiden (*if applicable*): \_\_\_\_\_

E-Mail \_\_\_\_\_ ?Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Unlisted? Yes/No

Marital Status: Single Married (*To whom* \_\_\_\_\_ *Date* \_\_\_\_\_) Widowed Separated Divorced

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_ Religion: \_\_\_\_\_

Check the Sacraments Received:    Baptism\_\_\_\_    Communion\_\_\_\_    Confirmation\_\_\_\_    Holy Orders\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Retired    Disabled    Unemployed

*If you wish to provide further information on any physical, learning or other challenge or disability, please do so on the reverse side. We may be able to help you with one of our ministries.*

Educational Background: Years completed \_\_\_\_\_ Certificate Diploma/Degree    Alum of St. Joseph Grade School (Year \_\_\_\_\_)

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Areas of Interest, Skills & Talents: \_\_\_\_\_

First, Middle & Last Name <i>Mark with * if alum of St. Joseph School</i>	Relationship to Adult #1	Gender	Marital Status	Date of Birth <i>mm/dd/yyyy</i>	Religion	Ethnic Background	Sacraments <i>(please check those received)</i>			Areas of interest, skills and talents
							<i>Baptism</i>	<i>Communion</i>	<i>Confirmation</i>	
3.										
4.										
5.										
6.										
7.										

**OTHERS LIVING AT THIS ADDRESS**

**SPECIAL NEEDS**

If anyone in your home is physically challenged/disabled, has a learning difference or has any other disability and is in need of special provision and help, please identify the person and their needs.

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**STEWARDSHIP - Time, Talent, Treasure**

Do you wish to receive and use envelopes as a way of sharing your resources with the parish?  Yes  No  
 For information on electronic giving, click on the Give Central link on our website, [stjoseph.dio.org](http://stjoseph.dio.org). Please contact the parish office if you have questions.

Please mark any ministry, organization or activity the members of your household might be willing to share their time and talent. A representative from the parish will be in contact with you to discuss your choices.

Person associated with the number above	PEP Club <i>(50+ and over)</i>	Serving the Homeless	Religious Education <i>(to teach all ages)</i>	Hospitality	Lector	Minister of Communion	Altar Server	Choir	Holy Grounds Crew	Funeral Luncheons	Other <i>Please indicate here.</i>
1											
2											
3											
4											
5											
6											
7											

Thank you for taking the time to complete this Parish Registration form. Please use this space for any comments you may have for the Pastor or other Parish Staff. **God bless you!!!**