

## CATHEDRAL OF ST. JOSEPH REGISTRATION FORM

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Primary Phone: (      ) \_\_\_\_\_

Cell Phone: (      ) \_\_\_\_\_

Former Parish Name, City & State: \_\_\_\_\_

Elementary School Family:    Y / N

Helias Family    Y / N

Virtus Complaint: Y / N

Would you like to be a part of the envelope program for tithing?    Y / N

Prefer electronic tithing?    Y / N

FAMILY MEMBER INFORMATION	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD
First Name						
Middle Name						
Maiden Name/Last name if different						
Marital Status:    M    S    D    W						
Religion:    C-Catholic						
Business Phone						
Cell Phone						
Grade						
Sex:    M-Male    F-Female						
Birth Date						
Baptism Date						
1st Communion Date						
Confirmation Date						
Marriage Date						
<b>Email Address:</b>						