

St. Joseph Catholic Church

Parish Registration Form

Welcome!

St. Joseph Catholic Church

Welcome to our Parish Family!

Head of Household		
Last Name:	First Name:	Middle Initial:
Title (check one): _ Mr. _ Mrs. _ Ms. _ Miss _ Dr.	Maiden Name (if applicable):	Home phone: Cell phone: Unlisted (check one): _ Yes _ No
Address:	Email Address:	Marital Status (check one): _ Married _ Single _ Divorced _ Widowed _ Separated
City:	Zip Code:	Date Married (if applicable):
Are you (check one): _ New to St. Joseph _ Returning to St. Joseph	Religion:	Married in the Church (check one): _ Yes _ No
Date of Birth:	Place of Birth:	Nationality:
Occupation:	Sacraments Received (check all that apply): _ Baptism _ Communion _ Confirmation	
Business Name and Phone:	Education Level:	Schools attended:
Previous Parish (Name, City, State):		
Spouse/Other Adult		
Last Name:	First Name:	Middle Initial:
Title (check one): _ Mr. _ Mrs. _ Ms. _ Miss _ Dr.	Maiden Name (if applicable):	Home phone: Cell phone: Unlisted (check one): _ Yes _ No
Address:	Email Address:	Marital Status (check one): _ Married _ Single _ Divorced _ Widowed _ Separated
City:	Zip Code:	Date Married (if applicable):
Are you (check one): _ New to St. Joseph _ Returning to St. Joseph	Religion:	Married in the Church (check one): _ Yes _ No

Date of Birth:	Place of Birth:	Nationality:
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Occupation:	Sacraments Received (check all that apply): <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
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Spouse/Other Adult <i>continued</i>	
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Business Name and Phone:	Education Level:	Schools attended:
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Previous Parish (Name, City, State):

Child 1 (living at home)

Last Name:	First Name:	Middle Initial:
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relation to head of household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Religion:
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Grade:	School:	
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Date of Birth:	Place of Birth:	Nationality:
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Sacraments Received (check) and Date Received:		
<input type="checkbox"/> Baptism	<input type="checkbox"/> Communion	<input type="checkbox"/> Confirmation

Child 2 (living at home)

Last Name:	First Name:	Middle Initial:
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relation to head of household: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	Religion:
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Grade:	School:	
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Date of Birth:	Place of Birth:	Nationality:
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Sacraments Received (check) and Date Received:		
<input type="checkbox"/> Baptism	<input type="checkbox"/> Communion	<input type="checkbox"/> Confirmation

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Child 3 (living at home)

Last Name:	First Name:	Middle Initial:
Gender: _ Male _ Female	Relation to head of household: _ Child _ Stepchild _ Grandchild _ Other	Religion:
Grade:	School:	
Date of Birth:	Place of Birth:	Nationality:

Child 3 (living at home)

continued

Sacraments Received (check) and Date Received:

<input type="checkbox"/> Baptism	<input type="checkbox"/> Communi on	<input type="checkbox"/> Confirmat ion

Child 4 (living at home)

Last Name:	First Name:	Middle Initial:
Gender: _ Male _ Female	Relation to head of household: _ Child _ Stepchild _ Grandchild _ Other	Religion:
Grade:	School:	
Date of Birth:	Place of Birth:	Nationality:

Sacraments Received and Date Received:

<input type="checkbox"/> Baptism	<input type="checkbox"/> Communi on	<input type="checkbox"/> Confirmat ion

For additional children, please attach a separate sheet

Time, Talent, and Treasure

We encourage everyone to take an active part at St. Joseph Catholic Church. Please consider joining one or more of the ministries listed below. Check the box next to the ministries that

Would you like to receive contribution envelopes?

interest you or your family members.

Yes No

Liturgical Ministry	Educational Ministry	Service and Fraternal Ministry
<input type="checkbox"/> Altar Servers <input type="checkbox"/> Extraordinary Ministers of Holy Communion <input type="checkbox"/> Eucharistic Adoration <input type="checkbox"/> Hospitality <input type="checkbox"/> Lectors <input type="checkbox"/> Morning Prayer <input type="checkbox"/> Music <input type="checkbox"/> Cantor <input type="checkbox"/> Choir <input type="checkbox"/> Piano <input type="checkbox"/> Organ <input type="checkbox"/> Guitar <input type="checkbox"/> Other Instrument <hr/> <input type="checkbox"/> Sacristans <input type="checkbox"/> Stewardship Committee <input type="checkbox"/> Vocations Committee <input type="checkbox"/> Wedding Coordination	<input type="checkbox"/> Catechist/Teacher <input type="checkbox"/> Children's Liturgy of the Word <input type="checkbox"/> RCIC for Children <input type="checkbox"/> RCIA for Adults <input type="checkbox"/> Sacramental Preparation <input type="checkbox"/> Vacation Bible School <input type="checkbox"/> Youth	<input type="checkbox"/> Altar Server <input type="checkbox"/> Catechist <input type="checkbox"/> Musician <input type="checkbox"/> Sacristan <input type="checkbox"/> Steward <input type="checkbox"/> Vocalist <input type="checkbox"/> Wedding Coordinator <input type="checkbox"/> Youth Leader

Ministry

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Is there any other information you would like our pastor to know?

Please complete and return the Registration Form to the Parish Office
1907 Carolina • Baytown, Texas 77520 • Phone: (281) 420-3588 • Fax: (281) 422-3044
email: secretary@stjosephbaytown.org • website: www.stjosephbaytown.org