ID/Envelope#	
(For office use only)	

## ST. JOSEPH'S CATHOLIC CHURCH REGISTRATION FORM

Office/Mailing Address: 2025 22 Avenue South Church Address: 2101 22 Avenue South St. Petersburg, FL 33712 (727) 822-2153

INSTRUCTIONS: PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF FORM

Registration date means the date you first registered in the Parish

Last Name::	First Name Husband:	
Email Address:	First Name- Wife:	(Maiden Name):
Address:	City:	Zip:
Phone #: (Home)	_Unlisted? Yes No Work #:	Registration Date
Seasonal Parishioner: Yes/No Winter Address:_		•
Marital Status: 1. Married by Catholic Priest	2. Married by a non-Catholic Minis	ster 3. Single
4. Widow	5. Widower 6. Separa	ted 7. Divorced

	CHILD	CHILD	CHILD	CHILD	CHILD	OTHER
First Name						
Last Name						
School Attending						
Currently in Parish Religious		(Yes) (No)	(Yes) (No)	(Yes) (No)	(Yes) (No)	
Ed Program		Grade	Grade	Grade	Grade	

MS- CensusForm.doc 11/99

## WELCOME TO ST. JOSEPH'S PARISH

	HEAD OF HOUSE/MALE	HEAD OF HOUSE/FEMALE	<u>CHILD</u>	<u>CHILD</u>	CHILD	CHILD
Name			:			
Birth Date						
First Reconciliation (Y) (N)						
Baptized Month/Date/Year Parish/Place						
First Communion Month/Date/Year Parish/Place						
Confirmation) Month/Date/Year Parish/Place						
Marriage Month/Date/Year Parish/Church/Place						
Ministry						
Ministry						
Service to Contribute						
Service to Contribute						

Indicate by writing your choice of ministry or service ONLY in the spaces provided above.

Ministry i.e., Eucharistic - Lector - Ministering to the Sick - Religious Ed Teacher - RCIA - Altar Server - Choir - Usher - Other

Service to Contribute: (Committees) Vocation - Stewardship - Pastoral Council - Liturgy - Black Catholic Committee - Revival - Youth - Altar Society

(2-3 times a year) i.e., Office (days for parish mailings) - Computer Support - Maintenance/Light Construction Projects, Legal Assistance