

ST. MARIA GORETTI CATHOLIC PARISH

MEMBERSHIP FORM

TODAY'S DATE: _____

All yellow cells must be completed.

You may use the tab key to move from cell to cell.

Double click on the appropriate gray-shaded boxes and select checked.

LAST NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

How would you like your name/s to read on parish mailings?
(i.e. John & Nancy Doe; Mr. & Mrs. John Doe; Miss, Ms., Dr.) _____

Subscription to *The Catholic Herald* (\$20/YEAR):
 Please send to my home I will share with a friend PREVIOUS CHURCH, LOCATION: _____

PLEASE PRINT

Please complete all yellow cells in either (or both) column/s below

LIST DEPENDENT CHILDREN ONLY:

USE LEGAL NAMES FOR RECORD PURPOSES	MALE HEAD OF HOUSEHOLD	FEMALE HEAD OF HOUSEHOLD	1 st CHILD	2 nd CHILD	3 rd CHILD	4 th CHILD	5 th CHILD
FIRST NAME							
MIDDLE NAME							
LAST NAME							
GENDER			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
BIRTH DATE							
RELIGION							
MARITAL STATUS (M/S/D/W)							
WEDDING DATE							
MAIDEN NAME							
CELL PHONE							
OCCUPATION							
EMPLOYER							
BUSINESS PHONE							
HANDICAPPED/HOMEBOUND? <i>(Please Specify)</i>							
SACRAMENTS RECEIVED:							
BAPTISM	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
1 st RECONCILIATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
1 st COMMUNION	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONFIRMATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCHOOL ATTENDING			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
GRADE IN SCHOOL							
INTEREST IN REL. ED. CLASSES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO