

ST. MARIA GORETTI CATHOLIC PARISH

Please complete all cells that apply

MEMBERSHIP FORM

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

TODAY'S DATE: _____

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 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? (Please Specify)								
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								
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

I (we) grant permission to have our names printed in the New Member section of the church bulletin, which is posted on our website.