

St. James Catholic Church Parishioner Registration

Family (Last) Name _____ Phone (____) ____ - _____ Date _____
Street Address _____ City _____ State _____ Zip _____
Family E-Mail _____

Please Check Here if You Do Not Want Your Phone Number Listed in Our Parish Directory

Head of Household

Last Name _____ First _____ Middle _____
Title: Mr. Mrs. Ms. Miss Other _____ Goes By _____ Maiden Name _____
Birth Date: ___/___/___ Gender: (Circle one) M F Cell Phone # _____
Marital Status: (Circle One) Single Married (Marriage Date: ___/___/___) Separated Divorced Widowed
Religion: (Circle one) Catholic Non-Catholic Interested in becoming Catholic Other _____
Sacraments Received: (Circle all that apply) Baptism 1st Communion Confirmation
Occupation _____ Place of Employment _____

Spouse, Relative or Other Adult at Same Address

Last Name _____ First _____ Middle _____
Title: Mr. Mrs. Ms. Miss Other _____ Goes By _____ Maiden Name _____
Birth Date: ___/___/___ Gender: (Circle one) M F Cell Phone # _____
Religion: (Circle one) Catholic Non-Catholic Interested in becoming Catholic Other _____
Sacraments Received: (Circle all that apply) Baptism 1st Communion Confirmation
Occupation _____ Place of Employment _____
Relationship to the Head of Household _____

Children Under the Age of 18

Full Name (First, Middle, Last)	Goes By	Gender	Birth Date	Grade	(Please check if sacrament given)		
					Baptism	1 st Communion	Confirmation
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Interested in Parish Involvement: Yes Not at this time

Would you like more information on our education ministries or sacramental prep? Yes No

(Office Use)

Registered _____ Envelope # _____ Welcome Letter _____