

Parishioner Registration Form

Office Use Only Envelope # _____
Employee receiving information: _____

Today's Date: _____

Would you like Contribution Envelopes (circle one): YES No

Status (circle one): Single Married Divorced Widow Separated Other _____

Head of Household: _____
First Name M.I. Last Name Date of Birth

Spouse: _____
First Name M.I. (Last Name, if different) Date of Birth

Occupation: Head of household: _____ Spouse: _____

Address _____
(Number & Street) (City) (Zip Code)

Home Phone: _____ **Work** (optional): _____ **Cell** (optional): _____

Children under 18 and/or Dependents:

#1 Name: _____

Date of Birth: _____

*Relationship: _____

#2 Name: _____

Date of Birth: _____

* Relationship: _____

#3 Name: _____

Date of Birth: _____

* Relationship: _____

#4 Name: _____

Date of Birth: _____

* Relationship: _____

#5 Name: _____

Date of Birth: _____

* Relationship: _____

#6 Name: _____

Date of Birth: _____

* Relationship: _____

*Relationship example: daughter, son, stepson, grandson, granddaughter, niece, etc.

The above information is optional. It is strictly for use of St. Joseph Church and the Diocese of Fresno. It will not be shared with any outside organization. This information allows for the update of the church census and allows for planning and the growth of St. Joseph Church and its ministries.

Signature of person registering: _____