

St. Joseph Catholic Church – Parishioner Registration Form Registration Date: _____

Family Last Name: _____ Telephone: (____) _____

Street Address: _____

Mailing Address (if different): _____

City, State, Zip: _____ - _____

In the spaces below, please provide information about yourself as head of household, or about yourself and your spouse. Any dependent children in the household/family should be listed on the reverse side of this form. Other adults in the household/family, including your adult children, should complete a separate Parishioner Registration Form of their own.

Head of Household

Name: _____ Sex: Male Female

Maiden Name, if applicable: _____

Date of Birth: _____ Occupation: _____

Employer: _____ Work Telephone: (____) _____

Cell Phone Number: (____) _____ Email Address: _____

Religion: Roman Catholic Other: _____

Sacraments Received: Baptism Penance Eucharist Confirmation Matrimony Holy Orders

Does your household currently receive Christ Is Our Hope (the diocesan publication)? Yes No

Spouse

Name: _____ Sex: Male Female

Maiden Name, if applicable: _____

Date of Birth: _____ Occupation: _____

Employer: _____ Work Telephone: (____) _____

Cell Phone Number: (____) _____ Email Address: _____

Religion: Roman Catholic Other: _____

Sacraments Received: Baptism Penance Eucharist Confirmation Matrimony Holy Orders

Wedding Date: _____ Witnessed by: Catholic Priest or Deacon Other (specify) _____

Which of you were Catholic at the time of your wedding? Both Husband only Wife only Neither

If at least one of you was Catholic at the time of your wedding *and* you were married in a non-Catholic ceremony, did you receive dispensation from the bishop *or* was your marriage later convalidated in the Catholic Church Yes No

After completing this form, place it in the Sunday collection basket or mail it to the parish office at 1329 Belleview Ave., Rockdale, IL 60436. If you have questions, please call (815)725-4469.

Dependent Children

(If additional sheets are needed, please copy this page and staple the pages together.)

Name: _____ Sex: ___Male ___Female
Date of Birth: _____ Is he/she already in school? ___Yes ___No
If yes, where? _____ Grade ____
Religion: ___Roman Catholic ___Other _____
Sacraments: ___Baptism ___Penance ___Eucharist ___Confirmation

Name: _____ Sex: ___Male ___Female
Date of Birth: _____ Is he/she already in school? ___Yes ___No
If yes, where? _____ Grade ____
Religion: ___Roman Catholic ___Other _____
Sacraments: ___Baptism ___Penance ___Eucharist ___Confirmation

Name: _____ Sex: ___Male ___Female
Date of Birth: _____ Is he/she already in school? ___Yes ___No
If yes, where? _____ Grade ____
Religion: ___Roman Catholic ___Other _____
Sacraments: ___Baptism ___Penance ___Eucharist ___Confirmation

Name: _____ Sex: ___Male ___Female
Date of Birth: _____ Is he/she already in school? ___Yes ___No
If yes, where? _____ Grade ____
Religion: ___Roman Catholic ___Other _____
Sacraments: ___Baptism ___Penance ___Eucharist ___Confirmation