

ST. JOSEPH'S CATHOLIC CHURCH

194 OXFORD STREET NORTH
AUBURN, MASSACHUSETTS 01501

PARISH REGISTRATION - ADULT FORM

1. Last Name: _____
2. First Name: _____
3. Middle Name: _____
4. Maiden Name: _____
5. Nickname: _____
6. Date of Birth (mm/dd/yy): _____
7. Gender: Female: _____ Male: _____
8. Marital Status: Single: _____ Married: _____ Widowed: _____ Separated: _____ Divorced: _____
9. Residential Status: Head of Household: _____ In Residence: _____ In Nursing Home: _____
10. Faith: Catholic: _____ Non-Catholic: _____ Non-Christian: _____ No Faith: _____
11. Baptized?: Yes: _____ No: _____ Not Sure: _____
12. First Communion?: Yes: _____ No: _____ Not Sure: _____ Does Not Apply: _____
13. Confirmed?: Yes: _____ No: _____ Not Sure: _____ Does Not Apply: _____
14. Wedding Type: Catholic: _____ Ecumenical: _____ Outside the Church: _____ None: _____
15. Worship: Regular: _____ Occasional: _____ Seldom: _____ Never: _____ Does Not Apply: _____
16. Receives Stewardship Envelopes?: Yes: _____ No: _____ Does Not Apply: _____ Desires: _____
17. Physical Status: Active: _____ Homebound: _____
18. Disabilities: Blind: _____ Deaf: _____ Developmentally Delayed: _____ Paralyzed: _____
Amputee: _____ Multiple Disabilities: _____ None: _____
19. Presently Attending School?: Yes: _____ No: _____ Where?: _____
20. If #19 is "Yes", attending: Technical School: _____ College: _____ Graduate School: _____
21. Work Status: Works: _____ Disabled: _____ Unemployed: _____ Retired: _____
Does not Apply: _____

Over

22. Employed By: Self: _____ Other: _____ None: _____ Does Not Apply: _____

23. Employer: _____ Job Title: _____

24. Parish Activities: Please place an "X" if belongs and place an "I" if interested but does not yet belong.

Altar Society: _____

Baking Service: _____

Bazaar Service: _____

Bible Study: _____

Bishops' Fund Service: _____

Cantor Ministry: _____

CCD Service: _____

Choir Ministry: _____

Collector Ministry: _____

Computer Committee: _____

Couple to Couple Ministry: _____

C.Y.C. Ministry: _____

Eucharistic Ministry: _____

Fairs Service: _____

Family Life Ministry: _____

Finance Committee Service: _____

Hosting Service: _____

Lector Ministry: _____

Legion of Mary: _____

Liturgy Committee: _____

Prayer Group: _____

Renew Groups: _____

St. Vincent de Paul Society Service: _____

Women's League: _____

Young Adult: _____

25. If NOT English speaking language: French: _____ Greek: _____ Italian: _____ Oriental: _____
Portuguese: _____ Spanish: _____ Other: _____

26. Notes Pertaining To This Adult Only:

Registered By: _____

Respondent: _____

Date Registered: _____