

ST. FRANCIS OF ASSISI REGISTRATION FORM

Date: _____

Family Surname (Last Name)		Home Mailing Address	
City	State	ZIP xxxxx-xxxx	Home Phone (xxx) xxx-xxxx
Address (if different from mailing address)		Family's Primary e-mail address (list individual emails by each name)	

Does your family live at a temporary address during certain times of the year?

Provide dates	Mailing Address		
City	State	ZIP xxxxx-xxxx	Phone (xxx) xxx-xxxx

Head of Household Section - for consistency throughout the diocese, the husband is the Head of Household in married couples. Non-married adults must complete individual registration forms.

First, Middle, and Nickname		Mr. / Mrs. / Ms.	Birth Date (MM/DD/YYYY)	Religion (if not Catholic) - Race/Ethnicity -
Marital Status (Circle One) Married Single Annulled Divorced Widowed		Wedding Date (MM/DD/YYYY)		Did you marry in a Catholic ceremony (or in a ceremony valid for the Catholic Church)? YES NO
Occupation and Job Title	Graduation Year, Current School(s), and Degree		Work Phone (xxx) xxx-xxxx	Cell Phone (xxx) xxx-xxxx

Wife Section (if married)

First, Middle, and Nickname		Mrs. / Ms.	Birth Date (MM/DD/YYYY)	Religion (if not Catholic) - Race/Ethnicity -
Occupation and Job Title	Graduation Year, Current School(s), and Degree		Work Phone (xxx) xxx-xxxx	Cell Phone (xxx) xxx-xxxx

Other Members of Household Section

First, Middle, and Nickname of each member of household (Only indicate last name if different from above).	Date of Birth (MM/DD/YYYY)	M/F	Occupation and Job Title and/or Graduation Year, Current School(s), and Degree	Religion (if not Catholic) ----- Race/Ethnicity	
1.				-----	
If this person is an adult (age 18 or older) do they wish to receive their own separate offertory envelope?				YES	NO
2.				-----	
If this person is an adult (age 18 or older) do they wish to receive their own separate offertory envelope?				YES	NO
3.				-----	
If this person is an adult (age 18 or older) do they wish to receive their own separate offertory envelope?				YES	NO
4.				-----	
If this person is an adult (age 18 or older) do they wish to receive their own separate offertory envelope?				YES	NO
5. Attach a separate page with information for five or more members.					

Sacraments Received - Please indicate approximate YEAR each Sacrament was received for each member of household, if known.

First Name	Baptized?	Faith of Baptism	1st Reconciliation?	1st Communion?	Confirmed?

Additional Questions

Which Mass (or Masses) do you/your family normally attend? Circle one

St. Francis of Assisi, Belleville - Mon-Wed-Thur-Fri 7:30am, Tue 7:30 pm, Sat 5:00 pm, 8:00 pm, Sun 8:30 am, 10:30/11:00 am.

St. Patrick's, Albany - Tue 8:00 am

Would you like to receive the parish newsletter? YES NO

I would like information about planned giving (in my will or alternative options) YES NO

I am interested in having my offertory contribution taken electronically/automatically from my bank account – please contact me YES NO

How would you prefer the parish to contact you? Postal mail Phone E-mail

Please leave the following unlisted on parish reports and hand-outs: Phone E-mail Address

Emergency contact and phone number: _____

If any member's first language is something other than English (such as Spanish), state their name and language here:

Comments/Questions:
