

MEMBERSHIP FORM

Head of Household:

First name: _____ Middle name: _____ Last name: _____

Date of Birth: _____ Date of Baptism: _____ Place of Baptism: _____

Confirmation Date: _____ Place of Confirmation: _____

If married, wedding date: _____ Home Phone: _____ Cell phone: _____

Home Address: _____

Email: _____

Spouse:

First name: _____ Middle name: _____ Last name: _____

Date of Birth: _____ Date of Baptism: _____ Place of Baptism: _____

Confirmation Date: _____ Place of Confirmation: _____

If married, wedding date: _____ Home Phone: _____ Cell phone: _____

Email: _____

Children:

Child's Name: _____

Date of Birth: _____ Baptism Date: _____ Church: _____

School Grade: _____ Confirmation Date: _____ Church: _____

Child's Name: _____

Date of Birth: _____ Baptism Date: _____ Church: _____

School Grade: _____ Confirmation Date: _____ Church: _____

Child's Name: _____

Date of Birth: _____ Baptism Date: _____ Church: _____

School Grade: _____ Confirmation Date: _____ Church: _____

Service of preference:

Church Service: Saturday 5 PM Sunday 8 AM Sunday 9:30/10:30 AM

Current/Previous Church membership: _____

Comments: _____

Return completed form to Parish Office Manager for recording in the Parish Records:

For Office Use Only: Bulletin info

Membership recorded in: Servant Keeper Church Record Book Statistic Book