

**St Joseph Parish
Family Registration**

Env # _____ (for office use only)

3430 Dover St, Dexter, MI 48130 (734) 426-8483

Registration Date: _____ Contribution Envelopes? Y / N
Last Name: _____ First Names: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Family Email: _____
Preferred means of contact? phone / email Best time to contact by phone? _____
Permission to publish in Parish Directory: publish phone? Y / N publish address? Y / N publish email? Y / N

Individual Member Information

	Husband _____ (or Head of Household if single)	Wife _____
Parish Status: (active, inactive)	_____	_____
First Name / Nickname:	_____/_____	_____/_____
Birthdate:	_____	_____
Occupation/Employer:	_____/_____	_____/_____
Work Phone:	_____	_____
Cell Phone:	_____	_____
Email:	_____	_____
Sacramental Info:	Baptized? Y / N Catholic? Y / N Reconciliation? Y / N First Eucharist? Y / N Confirmed? Y / N	Baptized? Y / N Catholic? Y / N Reconciliation? Y / N First Eucharist? Y / N Confirmed? Y / N
Marital Status: _____	Married by Priest/Deacon? Y / N	Wedding Date: _____
Wedding Church/City: _____	Wife's Maiden Name: _____	

Please see reverse side for children information

Dependent Children Information

First Name	Last Name		Gender	Birthdate	Special Needs?
_____	_____		_____	_____	_____
Receive Sacrament? Enter date if known:	Baptism Y / N _____	Catholic? Y / N _____	Eucharist Y / N _____	Reconciliation Y / N _____	Confirmation Y / N _____

First Name	Last Name		Gender	Birthdate	Special Needs?
_____	_____		_____	_____	_____
Receive Sacrament? Enter date if known:	Baptism Y / N _____	Catholic? Y / N _____	Eucharist Y / N _____	Reconciliation Y / N _____	Confirmation Y / N _____

First Name	Last Name		Gender	Birthdate	Special Needs?
_____	_____		_____	_____	_____
Receive Sacrament? Enter date if known:	Baptism Y / N _____	Catholic? Y / N _____	Eucharist Y / N _____	Reconciliation Y / N _____	Confirmation Y / N _____

First Name	Last Name		Gender	Birthdate	Special Needs?
_____	_____		_____	_____	_____
Receive Sacrament? Enter date if known:	Baptism Y / N _____	Catholic? Y / N _____	Eucharist Y / N _____	Reconciliation Y / N _____	Confirmation Y / N _____

Permission to share information with Welcome Minister who will contact you? Y / N