



ST. JOSEPH PARISH FAMILY REGISTRATION FORM

WELCOME TO ST. JOSEPH PARISH

We invite parishioners to register so that we can get to know you and serve you better. By registering yourself and your family, you will receive important communications about what is happening in our parish and a record of your contributions for tax purposes each year. If you live at the same address with members of your extended family or adult children age 21 or older, please invite them to register separately. All the information you provide is kept strictly confidential.

FAMILY INFORMATION

Head of Household

Last name _____ First name _____ Mr./Mrs./Ms./Miss

Spouse

Last name _____ First name _____ Mr./Mrs./Ms./Miss

Family status (circle one) single Catholic marriage civil marriage separated widowed divorced

Family home address _____

Family email(s) _____

Family phone(s) _____

Type (circle one) home cell work

Type (circle one) home cell work

Our family would like to receive communication in (circle one) English Spanish other _____

PERSONAL INFORMATION - HEAD OF HOUSEHOLD AND SPOUSE

Head of Household

Gender M / F Date of birth (mm/dd/yyyy) _____ Ethnicity _____

Religion _____ Occupation _____

Employer _____ Location _____

Sacraments: Has the head of household received

Baptism? yes no Date _____ Church name and location _____

Eucharist? yes no Date _____ Church name and location _____

Confirmation? yes no Date _____ Church name and location _____

Marriage? yes no Date _____ Church name and location _____

Spouse

Gender M / F Date of birth (mm/dd/yyyy) _____ Ethnicity _____

Religion _____ Occupation _____

Employer _____ Location _____

Sacraments: Has this family member received

Baptism? yes no Date _____ Church name and location _____

Eucharist? yes no Date _____ Church name and location _____

Confirmation? yes no Date _____ Church name and location _____

Marriage? yes no Date _____ Church name and location _____

PERSONAL INFORMATION - DEPENDENTS

Last name _____ First name _____ Mr./Mrs./Ms./Miss
 Relationship (circle one) son daughter other _____
 If student, grade in school _____ Gender _____
 Marital status (circle one) single Catholic marriage civil marriage separated widowed divorced
 Date of birth (mm/dd/yyyy) _____ Ethnicity _____
 Religion _____ Occupation _____
 Employer _____ Location _____
Sacraments: Has this family member received
Baptism? yes no Date _____ Church name and location _____
Eucharist? yes no Date _____ Church name and location _____
Confirmation? yes no Date _____ Church name and location _____
Marriage? yes no Date _____ Church name and location _____

Last name _____ First name _____ Mr./Mrs./Ms./Miss
 Relationship (circle one) son daughter other _____
 If student, grade in school _____ Gender _____
 Marital status (circle one) single Catholic marriage civil marriage separated widowed divorced
 Date of birth (mm/dd/yyyy) _____ Ethnicity _____
 Religion _____ Occupation _____
 Employer _____ Location _____
Sacraments: Has this family member received
Baptism? yes no Date _____ Church name and location _____
Eucharist? yes no Date _____ Church name and location _____
Confirmation? yes no Date _____ Church name and location _____
Marriage? yes no Date _____ Church name and location _____

Last name _____ First name _____ Mr./Mrs./Ms./Miss
 Relationship (circle one) son daughter other _____
 If student, grade in school _____ Gender _____
 Marital status (circle one) single Catholic marriage civil marriage separated widowed divorced
 Date of birth (mm/dd/yyyy) _____ Ethnicity _____
 Religion _____ Occupation _____
 Employer _____ Location _____
Sacraments: Has this family member received
Baptism? yes no Date _____ Church name and location _____
Eucharist? yes no Date _____ Church name and location _____
Confirmation? yes no Date _____ Church name and location _____
Marriage? yes no Date _____ Church name and location _____

Please attach another sheet for additional dependent family members.

OFFICE USE ONLY

Date received _____ Number _____
 Entered by _____ Date entered _____ Checked by _____

Please return this form to 2100 Pear Street, Pinole, CA 94564 or drop it in the collection basket at mass.
 Questions? Call (510) 741-4900. Thank you for registering and welcome to St. Joseph Parish!