

St. Juliana Parish Registration

Street Address _____

FAMILY SURNAME _____

City _____

State _____

Zip Code _____

TITLE: (Mr., Dr., Mr. & Mrs., Mrs., Ms, Miss, etc.) _____

Home Telephone _____

Office _____

Cell Phone _____

MONTH	DAY	YEAR	Marital Status	Married By a Priest?	Relationship	Religion *	Date of Birth	Baptized?	First Communion?	Confirmation?	Occupation/Employer -----	School/Grade
Head of Household (First Name)												
Spouse (First Name)												
Family Members Living With You:												
1)												
2)												
3)												
4)												
5)												
6)												
7)												
8)												

How do you wish to receive material from the parish?

English Spanish

(Please check a box)

<input type="checkbox"/>	<input type="checkbox"/>
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Would you like to receive envelopes?

Yes No

(Please check a box)

<input type="checkbox"/>	<input type="checkbox"/>
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***(Please List One)**

- C - Catholic
- Orth-Orthodox
- P-Protestant
- J-Jewish
- O-Other

E-mail Address: _____

- Lector
- Eucharistic Minister
- Choir
- Usher
- Altar Server
- Other

Ministries of interest to you or your family:

Is anyone homebound in your home?

Yes No

(Please check a box)

<input type="checkbox"/>	<input type="checkbox"/>
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FOR OFFICE USE ONLY:

Member #/Envelope # _____