

**HOUSEHOLD INFORMATION**

Last Name:

Email:

First Name:

Date of birth:

Home Phone:

Current address:

Mobile Phone:

City:

State:

ZIP Code:

How long Have you been attending the parish? Years (Check one)

- New in the last 3 months
- under 1 Year
- 1-3 Years
- 5-7 Years
- 7-10

**FAMILY INFORMATION (AS APPLICABLE)**

Spouse's Name:

Email:

Spouse's Religious Affiliation:  Roman Catholic  Non-Catholic Christian  Eastern Orthodox  Mormon  Jewish  Muslim  Hindu  Buddhist  None Other (please indicate) :

Email:

Mobile:

1.Child Name

Date of Birth

Date of Baptism

2.Child Name

Date of Birth

Date of Baptism

3.Child Name

Date of Birth

Bate or Baptism

4.Child Name

Date of Birth

Date of Baptism

**EMERGENCY CONTACT**

If you or family members participate in activities and there is an emergency, whom should we contact? (This is especially necessary for children and youth)

Primary Name

Phone:

Secondary Name

Phone:

Relationship:

**MINISTRIES OR PARISH INTERESTS**

I/we am interested in participating in a Parish Ministry:

- Eucharistic Ministry  Reader  Cantor/Music Ministry  Minister of Ceremonies(Adult)
- Youth Altar Server  Liturgical environment  Liturgy of the Word for Children  Sunday Nursery Coop
- Home Visitation  Oratory School of Discipleship (for children and youth)  Safe Environment
- Adult Faith Formation  Small Faith Sharing Group  Baptism Preparation  Social Justice
- Finance/Stewardship  BeyondSunday Young Professionals Group
- Newman Ministry (College/University students)  Other \_\_\_\_\_

Name(s) of those interested: \_\_\_\_\_

**PASTORAL CARE**

Is there someone in your household that may desire pastoral support?

- Home Bound Visit  Annulment  Pastoral Counseling  Bereavement  Return to practice of the faith

Please indicate if you or someone in your family has special needs:

- Mobility  Deafness  Vision
- Autism Spectrum  Gluten Intolerance  Other