

St. Joseph Catholic Church Registration Form

For Office use only

ID# _____

Mailing Address:

1. Last Name _____
2. Address _____
3. City _____
4. Zip Code _____ 5. Telephone _____
6. Date Registered _____
7. If Married: In Catholic Church: Date _____
 Non-Catholic Church: Date _____
 Civilly: Date _____

Husband/Male:

1. Name _____
2. Date of Birth _____
3. Religion _____
4. Marital Status _____
5. Nationality _____
6. Languages Spoken _____
7. Occupation _____
9. Current Ministries _____

Sacraments Received: **Check**

- | | | | | |
|---------------|-----|--------------------------|----|--------------------------|
| Baptism | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Confession | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 1st Communion | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Confirmation | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Marriage | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

8. Business Phone _____

Wife/Female:

1. Name _____
2. Date of Birth _____
3. Religion _____
4. Marital Status _____
5. Nationality _____
6. Languages Spoken _____
7. Occupation _____
9. Current Ministries _____

Sacraments Received: **Check**

- | | | | | |
|---------------|-----|--------------------------|----|--------------------------|
| Baptism | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Confession | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 1st Communion | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Confirmation | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Marriage | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

8. Business Phone _____

Online Giving Available: <http://stjosephchurchpomona.org>

Weekly contribution (Please check one): \$10 ___ \$15 ___ \$20 ___ \$25 ___ Other ___
Do you want Donation Envelopes mailed to our home? Yes No

Please complete the back if needed

Thank you, and Welcome to St. Joseph's!

Child (Under 18 years of age)

1. Full Name _____	<u>Sacraments Received:</u>	Check
2. Religion _____	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Gender _____	Confession	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Date of Birth _____	1st Communion	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Languages Spoken _____		
6. Current Ministries _____		

Child (Under 18 years of age)

1. Full Name _____	<u>Sacraments Received:</u>	Check
2. Religion _____	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Gender _____	Confession	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Date of Birth _____	1st Communion	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Languages Spoken _____		
6. Current Ministries _____		

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1. Full Name _____	<u>Sacraments Received:</u>	Check
2. Religion _____	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Gender _____	Confession	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Date of Birth _____	1st Communion	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Languages Spoken _____		
6. Current Ministries _____		

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2. Religion _____	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Gender _____	Confession	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Date of Birth _____	1st Communion	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Languages Spoken _____		
6. Current Ministries _____		

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2. Religion _____	Baptism	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Gender _____	Confession	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Date of Birth _____	1st Communion	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Languages Spoken _____		
6. Current Ministries _____		

Registración Iglesia San José

Por oficina sólo

Identificación# _____

Dirección Postal:

1. Apellido _____
2. Dirección _____
3. Ciudad _____
4. Zona Postal _____ 5. Teléfono _____
6. Fecha de Registración _____
7. Si esta casada/o: En Iglesia Católica: Fecha _____
 Iglesia no Católica: Fecha _____
 Por lo Civil: Fecha _____

Esposo/Hombre:

1. Nombre _____
2. Fecha de Nacimiento _____
3. Religión _____
4. Estado Civil (Casado) _____
5. Nacionalidad _____
6. Que idiomas habla _____
7. Ocupación _____
9. Ministerios Actuales _____

Sacramentos Recibidos: Marque

- | | | |
|--------------|-----------------------------|-----------------------------|
| Bautismo | Si <input type="checkbox"/> | No <input type="checkbox"/> |
| Confesión | Si <input type="checkbox"/> | No <input type="checkbox"/> |
| 1st Comunión | Si <input type="checkbox"/> | No <input type="checkbox"/> |
| Confirmación | Si <input type="checkbox"/> | No <input type="checkbox"/> |
| Matrimonio | Si <input type="checkbox"/> | No <input type="checkbox"/> |

8. Teléfono de su trabajo _____

Esposa/Femenino:

1. Nombre _____
2. Fecha de Nacimiento _____
3. Religión _____
4. Estado Civil (Casado) _____
5. Nacionalidad _____
6. Que idiomas habla _____
7. Ocupación _____
9. Ministerios Actuales _____

Sacramentos Recibidos: Marque

- | | | | |
|--------------|-----------------------------|-----------------------------|--------------------------|
| Bautismo | Si <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> |
| Confesión | Si <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Comunión | Si <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> |
| Confirmación | Si <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> |
| Matrimonio | Si <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> |

8. Teléfono de su trabajo _____

Donaciones en Línea: <http://stjosephchurchpomona.org>

Contribución seminal (Por favor Marque uno): \$10 ___ \$15 ___ \$20 ___ \$25 ___ Other ___

¿Quieres Sobres del donativo por correo a nuestra casa? Si No

Por Favor complete el reverso

¡Muchas Gracias y Bienvenido a San José!