

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 _____ 8. Business Phone _____
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"/>

Wife/Female:

1. Name _____
2. Date of Birth _____
3. Religion _____
4. Marital Status _____
5. Nationality _____
6. Languages Spoken _____
7. Occupation _____ 8. Business Phone _____
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"/>

Weekly contribution (Please check one): \$10 ___ \$15 ___ \$20 ___ \$25 ___ Other ___

Weekly Contribution will be? (Please check one): Cash ___ Check ___ Online Giving ___

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

Do you want Donation Envelopes mailed to your 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 _____		

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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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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"/>
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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 _____		
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