St. Joseph Catholic Church
P. O. Box 7158, Spreckels, CA 93962

Parishioner Registration Form

Date _____

Last name_____First name_____Birthdate_____

Spouse's last name_____First name_____Birthdate_____

Maiden name_____Occupations (His)_____(Hers)_____

Religion (His)_____Sacraments received_____

Religion (Hers)_____Sacraments received_____

Please circle one of the following

Mr. Miss Ms Mr. & Mrs. Mrs. Dr. Dr. & Mrs Other

Home Address_____

City/State/Zip_____

Mailing Address (if different)_____

His Phones: Home_____ Business (optional)_____Cell (optional)_____

Her Phones: Business (optional)_____Cell (optional)_____

His Email Address (opt.)_____**Her** Email Address (opt.)_____

Other Adults in Household (parents, grandparents, aunts, uncles, etc.)? Yes No

Last name_____First name_____Relationship_____

Last name_____First name_____Relationship_____

List any children, birth through high school, in the household

Last name First name date of birth school/grade

1._____

2._____

3._____

4._____

5._____

Is there a homebound person in your home who would like to receive Communion? Yes No

Would you like to receive Sunday envelopes from St. Joseph's? Yes No

Would you like to volunteer to be_____Lector_____Eucharistic Minister_____Usher_____Altar Server_____Other