

St. Joseph Roman Catholic Church
68 Center Street
Danville, PA 17821

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| Office Use Only ID/Env: _____ Dio. ID: _____ Entered By: _____ Date: _____ |
|--|

Family Name: _____

Street Address: _____

Mailing Address: _____
(If different than above)

City: _____ Zip Code: _____
Email: _____

Contact Phone Number: _____ Unlisted? Y N Home Wife Husband
Contact Phone Number: _____ Unlisted? Y N Home Wife Husband

When sending mail, please address to (choose one):
Mr./Mrs. Mr. Mrs. Miss Ms. Dr. Dr./Mrs. Mr./Dr. Drs.

=====Head of Household Information=====

Male's Name: _____ Female's First & Maiden Name: _____

Date of Birth: _____ Date of Birth: _____

Occupation: _____ Occupation: _____

Religion: _____ Religion: _____

Church of Baptism: _____ Church of Baptism _____
City/State: _____ City/State: _____

Church of 1st Communion: _____ Church of First Communion: _____
City/State: _____ City/State: _____

Church of Confirmation: _____ Church of Confirmation: _____
City/State: _____ City/State: _____

Marital Status: Married Single Divorced Widow Widower

If married:
Date of Marriage: _____ Church of Marriage: _____

Priest/Minister/Deacon: _____ City/State of Marriage: _____

Do you attend Mass Weekly? _____

Parish ministries that adults are involved in or would like to become involved: (Please put the name or initials of the person who is or would like to be involved in the following ministries):

_____ Eucharistic Minister _____ Lector _____ Usher _____ Greeter _____

_____ Camera Operator _____ Choir _____ Cantor _____ Psalmist _____ RCIA

_____ Funeral Luncheon _____ Pastoral Council _____ Religious Education _____ Liturgy Comm.

_____ Scripture Study _____ Charismatic Prayer Group _____ Men's Group _____ Knights of Columbus

_____ St. Joseph School _____ Board of Education

Talents and interests that you'd be willing to share with the parish: _____

Please complete the other side as it pertains to your family

Does anyone in your family have special needs or health issues? If yes, please identify the person and need.

_____ I would like a priest to visit and bless our home. A good time to get in touch with us is between the hours of:
_____ and _____ A.M. or P.M. Weekday _____ or Weekend _____

Please list all children under the age of 23 that currently live in your household. (Children over the age of 23 should register separately)

Use a separate sheet of paper to list information if you have more than three children.

1. Child's full name: _____ Grade this year _____ Sex _____

Religion: _____ School: _____

Date of Birth: _____ Place of Birth: _____

Date and Place of Baptism: _____

Date and Place of First Communion: _____

Date and Place of Confirmation: _____

2. Child's full name: _____ Grade this year _____ Sex _____

Religion: _____ School: _____

Date of Birth: _____ Place of Birth: _____

Date and Place of Baptism: _____

Date and Place of First Communion: _____

Date and Place of Confirmation: _____

3. Child's full name: _____ Grade this year _____ Sex _____

Religion: _____ School: _____

Date of Birth: _____ Place of Birth: _____

Date and Place of Baptism: _____

Date and Place of First Communion: _____

Date and Place of Confirmation: _____

Parish ministries that the children are involved in or would like to become involved in. Please put the name or initials of the person who is involved or would like to become involved by each ministry or group.

_____ St. Joseph School _____ Religious Education _____ Catholic Heart Workcamp

_____ Altar Server _____ Cantor _____ Psalmist

_____ CYO Basketball (Boys) _____ CYO Basketball (Girls) _____ CYO Cheerleading