

Current Marital Status (Select One)

Single Married Separated
Divorced Divorced, Remarried Widowed Widowed, Remarried

Place of Marriage: _____

Date of Marriage: _____

Parish Information

Are you receiving envelopes? Yes No
If not, do you want to receive envelopes? Yes No
Are you interested in Electronic Giving? Yes No

Family members who wish to receive communion at home or a nursing home (Name & Address):

Family members who have special needs (ride to doctors appointments, etc.):

Directions to your home:

St. Joseph Roman Catholic Church
A Pastorate of the Diocese of Lafayette-in-Indiana
319 E. South St.
Lebanon, IN 46052

Parish Registration Form

*Please return this from to the address above or email to
stjoe@stjoeleb.org.*

Census to be completed by anyone 18 years of age, out of high school and not living with family.

Please complete this form the way you want to receive mail from the parish, such as:

Mr. and Mrs. John Smith
123 Main Street
Anytown, IN 12345

Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this address a nursing home or apartment complex? (if yes, name of home or complex)

Home Phone: _____ Check if Unlisted

Date Entered Parish: _____

If additional columns are needed, please attach a separate sheet of paper containing the information required.

PLEASE PRINT CLEARLY

	Self	Spouse	Other	Other	Other	Other	Other
Last Name							
First Name / MI							
Informal Name							
Email Address							
Cell Phone							
Birth Date							
Salutation (Mr., Mrs., Miss, Etc.)							
Relationship Husband Wife Son Daughter Other							
Religion Catholic Jewish Protestant Other							
Baptism Baptized Not Baptized Unsure							
Year of Baptism							
Place of Baptism							
Sacraments Received Reconciliation First Communion Confirmation							
Employer or School							
Occupation or Graduation Year							
Work Phone							
Religious Education · In Catholic Schools · In Religious Education · Interested in Adult Education · Are you interested in becoming Catholic?							
Do you have any special needs?							
Language Spoken							

(SEE BACK PAGE)