



**SACRAMENTS**

Please indicate for each member of your household either **(Yes)** Received or **(No)** Not Yet Received

	Head of Household	Spouse	Child	Child	Child	Child	Child
First Name							
Last Name if Different Or Maiden Name		Maiden Name:					
Baptism							
At Church/City							
Penance							
1 <sup>st</sup> Communion							
Confirmation							
Matrimony							



**If you, or any of your family members, are interested in participating in one or more of the following activities, please indicate. A parish member from the activities indicated will contact you.**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Greeter/Usher (Hospitality)    | <input type="checkbox"/> Grief & Loss         | <input type="checkbox"/> RCIA                              | <input type="checkbox"/> CCD Teacher/Volunteer     |
| <input type="checkbox"/> Giftbearer(s)                  | <input type="checkbox"/> Car Transportation   | <input type="checkbox"/> Engaged Encounter                 | <input type="checkbox"/> Bible Study Group         |
| <input type="checkbox"/> Choir (Youth & Adult)          | <input type="checkbox"/> Welcome Committee    | <input type="checkbox"/> Marriage Encounter                | <input type="checkbox"/> Vacation Bible School     |
| <input type="checkbox"/> Lector                         | <input type="checkbox"/> Altar Society        | <input type="checkbox"/> ACTS Retreats                     | <input type="checkbox"/> Faith Sharing Group       |
| <input type="checkbox"/> Altar Server                   | <input type="checkbox"/> Christian Mothers    | <input type="checkbox"/> Quilting Circle                   | <input type="checkbox"/> Church Maintenance        |
| <input type="checkbox"/> Communion Minister (Church)    | <input type="checkbox"/> Gabriel Project      | <input type="checkbox"/> Praise Group                      | <input type="checkbox"/> Picnic Worker             |
| <input type="checkbox"/> Musician/Song Leader           | <input type="checkbox"/> St. Nicholas Society | <input type="checkbox"/> Sts. Cyril & Methodius Assistance | <input type="checkbox"/> Office Volunteer          |
| <input type="checkbox"/> Adoration of Blessed Sacrament | <input type="checkbox"/> Catholic Daughters   | <input type="checkbox"/> KJT                               | <input type="checkbox"/> Catholic School Volunteer |
| <input type="checkbox"/> Rosary Leader                  | <input type="checkbox"/> Knights of Columbus  | <input type="checkbox"/> KJZT                              | <input type="checkbox"/> Computer Work             |
| <input type="checkbox"/> Shut-in/Elderly Ministry       | <input type="checkbox"/> Youth Group          | <input type="checkbox"/> Nursing Home                      | <input type="checkbox"/> Other (please specify):   |
| <input type="checkbox"/> Bereavement Committee          | <input type="checkbox"/> Prayer Group         |  | _____  |

**If you are not currently receiving Church envelopes and would like to use them, please check here:**

**Any Comments:**

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