



**WELCOME TO**  
**ST. JOSEPH CATHOLIC CHURCH**  
**KREBS, OK**

1. Please be advised that this information is strictly confidential and only for pastoral use and will not be given out to unauthorized personnel.
2. Please indicate if you wish to receive the Eastern Oklahoma Catholic Magazine of the Catholic Diocese of Tulsa  
       \_\_\_ Yes     \_\_\_ No     \_\_\_ Already receiving
3. I am currently not using gift envelopes and would like to.  
       \_\_\_ Yes     \_\_\_ No

Family Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Unlisted? \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(If different than Street Address)*

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Use Envelopes? \_\_\_\_\_ If Yes, # \_\_\_\_\_

<b>PARISHIONER INFORMATION</b> (Members of Household)							
	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD	OTHER
First Name/M.I. (Preferred Name)							
Last Name (If different)							
Marital Status							
Religion							
Special Needs							
Languages Spoken							
Occupation/Grade							
Location							
Bus. Phone & Ext.							
Cell Phone							
Gender							
Birth Date							

PARISHIONER INFORMATION CONTINUED							
	HEAD	SPOUSE	CHILD	CHILD	CHILD	CHILD	OTHER
Baptism	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:
First Reconciliation	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:
First Communion	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:
Confirmation	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:
Marriage	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:	(Y) (N) (H) (U) Date:
<b>Stewardship</b>							
<b>Altar Server</b>							
<b>Lector</b>							
<b>Eucharist (Body)</b>							
<b>Eucharist (Blood)</b>							
<b>Gifts</b>							

### INSTRUCTIONS

Circle the following: Y = If Date is Unknown, but the Sacrament was received.  
H = Here (If the Sacrament was received at St. Joseph's)

N = Sacrament has NOT been received.  
U = Unknown (No information is known of the Sacrament)

Please include Month, Day and Year for Date

Stewardship: Sharing our Gifts - If you or a family member are interested in participating or wish to get more information regarding being a Liturgical Minister, please make a check mark in the column under the name of the person who is interested next to the ministry they'd like to help with. You will be contacted.

Please drop the completed form off at the office or for privacy, use the envelope provided at the back of the Church and place in with the gifts (there is also a box on the floor under the table at the back of the Church where you can drop your completed form off). Thank You!

If you have any questions regarding this form, call the office at (918) 423-6695.