

New Member/Parishioner Form

Additional Members Information

Thank you for filling out the New Member form! Please fill out this form for each additional member of your family. We appreciate your help keeping our records up to date.

Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ / **Are you:** Spouse: ___ Child ___ Other: ___

First Name: _____

Middle Name: _____

Last Name: _____

Address (if different from Head of House): _____

City: _____ **St:** _____ **Zip:** _____

Phone Number: _____ **Is your number unlisted?:** Yes: ___ No: ___

Alternate Number: _____ **Is this # a:** Home ___ Mobile ___ Work ___

Gender: Male: ___ Female: ___ **Birthdate:** ___/___/___ **If child, current grade:** _____

Email Address: _____

Alternative Email Address: _____

Baptismal Information:

Please complete the following section if you have been baptized (whether in Catholic or other faith)

Church of Baptism: _____

City of Baptism: _____ **State of Baptism:** _____

Date of Baptism: ___/___/___

First Communion: ___/___/___ **Reconciliation:** ___/___/___ **Confirmation:** ___/___/___

