

**PARISH REGISTRATION**

\_\_\_\_\_ **St. Jude Parish**  
**86 Main Street, P.O. Box 305**  
**Norfolk, MA**  
Phone (508) 528-0170  
Fax (508) 528-1860

**Please check one**

\_\_\_\_\_ **St. Edward Parish**  
**133 Spring Street**  
**Medfield, MA 02052**  
Phone (508) 359-2633  
Fax (508) 359-1846

FAMILY (LAST) NAME: \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address (P.O. Box) \_\_\_\_\_

Town & Zip code \_\_\_\_\_ Home Phone # \_\_\_\_\_

(Father) e-mail address \_\_\_\_\_ Cell # \_\_\_\_\_

(Mother) e-mail address \_\_\_\_\_ Cell # \_\_\_\_\_

HEAD(S) OF HOUSEHOLD	Date of Birth	RELIGION	Baptized?	Confirmed?	Occupation?
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NAMES:

1: \_\_\_\_\_

2: \_\_\_\_\_

Marital Status: Single \_\_\_ Married by Priest \_\_\_ Not Married by Priest \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow \_\_\_ Widower \_\_\_

Names of Children Living at home (include last name if different)	Date of Birth	.....(answer yes or no).....	Attends Faith Formation Class	School or Occupation
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Is anyone in your home unable to attend church due to illness or disability? \_\_\_ YES \_\_\_ NO  
If yes, explain.

Others living at the above address: (Name, Religion, Date of Birth and Relationship)

OFFERTORY: Please use this link to sign up for online giving: [www.EJCatholic.org](http://www.EJCatholic.org) This convenient donation option allows you to make one time or recurring gifts that you can change at any time. As an alternative you may opt to use weekly offertory envelopes. Do you want to receive offertory envelopes? YES \_\_\_ NO \_\_\_

CAN YOU HELP? Please check any ministries for which you would like more information or to volunteer: \_\_\_ Faith Formation Catechist, \_\_\_ Eucharistic Minister, \_\_\_ Lector, \_\_\_ Choir, \_\_\_ Altar Server