



Parish of **SAINTS JOACHIM & ANNE**
and **SHAKOPEE AREA CATHOLIC SCHOOL**

Office & School (SACS) • 2700 17th Ave. E. • Shakopee, MN 55379
Parish office 952-445-1319 • www.ssjac.org • ShakopeeCatholic

MEMBER REGISTRATION FORM

Date: ___ / ___ / ___

HEAD OF HOUSEHOLD

Last Name: _____ **HOME** Phone #: (____) _____ - _____
Last name we will use to look up your family in our Archdiocese database. No home number check List cell phone numbers below.

Address: _____
City State Zip Code

Parish Previously Registered: _____
Church Name City State Zip Code

HEADS	HEAD MALE	HEAD FEMALE
First Name/Title	Mr. Dr.	Mrs. Ms. Dr.
Last Name/suffix	Sr. Jr. II III	
Maiden Name		
CELL Phone #	(____) _____ - _____	(____) _____ - _____
Email Address		
Occupation		
Employer		

Marital Status: Single Married Separated _____ / _____ / _____ Married in the
 Widowed Divorced Date of Marriage Catholic Church? Yes No

Place of Ceremony City State Zip Code Celebrant

Send Mail? Yes No (This includes ALL mail from SJA including letter's from Father, Festivals, etc.)

Do NOT Publish: Address Email Phone Photo
(Includes in Parish Directory)

Send Contribution Envelopes? Yes No

or

Electronic Funds Transfer? Yes No

"Catholic Spirit" magazine? Yes No

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FOR OFFICE USE ONLY

Date entered into system: ___ / ___ / ___

Parishioner Number: _____

Envelopes system updated: Yes No

or

EFT sent to Laurel Yes No

Catholic Spirit updated: Yes No

SACRAMENTS & CHILDREN	Head Male	Head Female	Child # 1	Child # 2	Child # 3	Child # 4
First Name						
Nick Name						
Middle Name						
Last Name & Suffix (Sr., Jr., II, etc.)						
Gender	Male	Female	M or F	M or F	M or F	M or F
Birth Date	/ /	/ /	/ /	/ /	/ /	/ /
Birth Place: City						
State & Zip Code						
Religion						
Language						
Ethnicity						
Baptism Date	/ /	/ /	/ /	/ /	/ /	/ /
Place of Baptism						
Celebrant						
1st Eucharist Date	/ /	/ /	/ /	/ /	/ /	/ /
Place of 1st Euch.						
Celebrant						
Confirmation Date	/ /	/ /	/ /	/ /	/ /	/ /
Place of Conf.						
Celebrant						