

Divine Savior Catholic Church Membership Form

	Head of Household	Spouse
Name:	Last: _____ First: _____	Last: _____ First: _____
Gender: (Check one) Optional:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity:	_____	_____
Languages spoken in home:	_____	_____
Date of Birth:	Date: _____	Date: _____
Mailing Address:		<input type="checkbox"/> Check if same as Head of Household
City, State / Zip:	Street: _____	Street: _____
Unlisted? <input type="checkbox"/>	_____	_____
	City _____	City _____
	Zip _____	Zip _____
Home Phone:	() _____ Unlisted? <input type="checkbox"/>	() _____ Unlisted? <input type="checkbox"/>
Cell Phone:	() _____ Unlisted? <input type="checkbox"/>	() _____ Unlisted? <input type="checkbox"/>
E-mail:	_____ Unlisted? <input type="checkbox"/>	_____ Unlisted? <input type="checkbox"/>
Ok to publish information in Parish Directory?	yes <input type="checkbox"/> no <input type="checkbox"/> If no, indicate what information to leave out.	
Marital Status:		
Occupation:		
Baptized:	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Confirmed:	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
How would you like to make your parish contributions?		If other members of household would like to contribute please indicate by placing a check in the box below.
*Envelopes	<input type="checkbox"/>	
*On line giving	<input type="checkbox"/>	
Is the Parish remembered in your Estate?	yes <input type="checkbox"/> no <input type="checkbox"/>	

Other members of household

Name (first, last)	Date of Birth	Cell phone	E-mail	Contributor
	___/___/___	_____	_____	<input type="checkbox"/>
	___/___/___	_____	_____	<input type="checkbox"/>
	___/___/___	_____	_____	<input type="checkbox"/>
	___/___/___	_____	_____	<input type="checkbox"/>
	___/___/___	_____	_____	<input type="checkbox"/>

**Please check all the areas where you (or a family member) would like to be involved in the parish
(H=Head of household, S=Spouse, C=Child)**

Liturgy & Worship

H S C	H S C	H S C
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Greeters	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eucharistic Minister	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lector
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Usher	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Environment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Altar Server
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sacristan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rosary Groups	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Linen Ministry
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Music ministry	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Children's Choir	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Screen Tech Team

Faith Formation & Evangelization

H S C	H S C	H S C
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Catholic's Returning Home	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RCIA Adapted (children & teens)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RCIA Ministry
Sacrament Preparation Teams <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Baptism <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 st Reconciliation & Communion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Confirmation (adult & youth) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Marriage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bible Studies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adult Faith Formation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vocation Ministry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cursillo <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Men's Prayer Group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lectio Divina <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reflections on the Word	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Children's Faith Formation Ministry (K-5) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LIFETEEN - High School Youth Ministry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EDGE - Middle School Youth Ministry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LUX - Young Adult Ministry

Pastoral Care

H S C	H S C	H S C
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Homebound Ministry	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Manna Ministry	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Funeral Receptions
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bereavement Support	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moving on Fellowship	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gabriel Project
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> St. Vincent de Paul	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Social Concerns Ministry	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Loaves & Fishes
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prayer Shawl Ministry	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Community Meal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Respect Life Ministries
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Filipino/a Group	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Our Lady of Guadalupe Society	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Community Life

H S C	H S C	H S C
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sunday Hospitality	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Welcoming/Newcomers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Help with Fundraisers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rummage Sale <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crab Feed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Help in office <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Transportation to Mass	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Help with mailings

Talents

H S C	H S C	H S C
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Maintenance/Grounds	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Construction
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Architects	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electrical	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Teaching
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Counseling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cooking-small/large groups	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vacation Bible School
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attorney	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire Fighter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical doctor/nurse
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Photographer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Law Enforcement	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments: _____

