

Saint Joseph Church
33 West St., Rockville, CT 06066
Family Registration

Please Print Clearly

Registration Date: _____ (Office Use: Env. No. _____)

Mailing Name: _____ Email Address: _____

Last Name: _____ First Names: _____ Phone: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Marital Status:
 Single _____ Married _____
 Separated _____ Divorced _____
 Widowed _____

Catholic Marriage? _____ Civil? _____
 Wedding Date: _____
 Name of Church: _____
 City: _____ State: _____

HUSBAND/ HEAD OF HOUSEHOLD

Name: _____ Maiden: _____
 Gender: Male / Female Religion: _____
 Date of Birth: _____ Occupation: _____
 Place of Birth: _____ Work Phone: _____

Baptism: Y / N
 Baptism Date: _____
 Name of Church: _____
 City, State: _____

First Reconciliation: Y / N
 Date: _____
 Name of Church: _____
 City, State: _____

First Eucharist: Y / N
 Date: _____
 Name of Church: _____
 City, State: _____

Confirmation: Y / N
 Date: _____
 Name of Church: _____
 City, State: _____

SPOUSE INFORMATION

Name: _____ Maiden: _____
 Gender: Male / Female Religion: _____
 Date of Birth: _____ Occupation: _____
 Place of Birth: _____ Work Phone: _____

Baptism: Y / N
 Baptism Date: _____
 Name of Church: _____
 City, State: _____

First Reconciliation: Y / N
 Date: _____
 Name of Church: _____
 City, State: _____

First Eucharist: Y / N
 Date: _____
 Name of Church: _____
 City, State: _____

Confirmation: Y / N
 Date: _____
 Name of Church: _____
 City, State: _____