

St. Joseph Catholic Church 600 N. Russell Street - Marion, IL 62959-1679 (618) 993-3194 email:rgm13@midamer.net

(PLEASE TYPE, PRINT OR WRITE AS LEGIBLY AS POSSIBLE)

REGISTRATION

1. Family/Last Name _____

Date _____

2. Address _____ Apt _____

Phone _____

3. City & Zip Code _____

Check Listed Unlisted

4. Male's First & Middle Name _____

Cell Phone _____

5. Birth Date _____ Occupation _____

email _____

6. Religion/Church Affiliation (Be specific) _____

7. Marital Status: Single Married Separated Divorced Widow(er)

Env #

8. (Yes or No) Baptized 1st Communion Confirmed

9. Female's First & Middle Name _____

10. If married, Maiden Name _____

11. Birth Date _____ Occupation _____

12. Religion/church Affiliation (Be specific) _____

13. Marital Status: Single Married Separated Divorced Widow(er)

14. (Yes or No) Baptized 1st Communion Confirmed

15. If presently married, were you married IN THE CATHOLIC CHURCH or in another Church with the PERMISSION of the Catholic Church? _____ (Y/N) _____ Date of Marriage

16. ADULTS/CHILDREN PRESENTLY LIVING AT HOME. List the oldest to the youngest, please. List last name if different from family name.

First Name & Initial	Birth Date (Mo/Yr)	Baptized (Mo/Yr)	1st Comm (M/Y)	Confirmed (M/Y)	School Attending	Grade

USE OTHER SIDE FOR ADDITIONAL COMMENTS