

# St Joseph the Worker Parish Family Registration

Reg Date:   /  /  

43 W. DeZeng Street, Clyde, NY 14433 (315) 902-4130

Last Name:  First Name(s):

Mailing Name (ie Mr. & Mrs. John Doe)

Address:  Add2:

City:  State:  Zip:  -

Area Code:  Home Phone:  Emerg. Phone:

Family Email:  Env#

## Individual Member Information

Parish Status: <i>(Active, Inactive)</i> Role: <i>(Head of House, Husband, Wife etc.)</i> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email:  Work Phone/Cell Phone: First Language: Occupation/Employer:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span></div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><span style="border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span></div>
Sacramental Info: Dates (mm/dd/yyyy): <i>(Single, Married, Separated, Divorced, Annulled)</i> Marital Status:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> / / Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> / / / Valid Catholic Marriage? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> / / Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> / / /

Are there any members of your household who would like to be visited by a priest?

## Dependent Children Information

	Relationship to Head of Household <i>(Son, Daughter, Mother Father etc.)</i>	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
		<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>		<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
2.	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
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3.	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	M / F	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.

# St Joseph the Worker Parish

## Family Registration

Reg Date: / /

43 W. DeZeng Street, Clyde, NY 14433 (315) 902-4130

**Last Name:** 
**First Name(s):**

**Mailing Name (ie Mr. & Mrs. John Doe):**

**Address:** 
**Add2:**

**City:** 
**State:** 
**Zip:**  -

**Area Code:** 
**Home Phone:** 
**Emerg. Phone:**

**Family Email:** 
**Env#**

### Individual Member Information

<b>Parish Status:</b> <small>(Active, Inactive)</small>	<span style="border: 1px solid black; padding: 2px 20px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span>
<b>Role:</b> <small>(Head of House, Husband, Wife etc.)</small>	<span style="border: 1px solid black; padding: 2px 20px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span>
<b>First Name / Nickname:</b>	<span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span>	<span style="border: 1px solid black; padding: 2px 15px;"></span> / <span style="border: 1px solid black; padding: 2px 15px;"></span>
<b>Gender:</b>	Male / Female (Maiden) <span style="border: 1px solid black; padding: 2px 5px;"></span>	Male / Female (Maiden) <span style="border: 1px solid black; padding: 2px 5px;"></span>
<b>DOB (mm/dd/yyyy):</b>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>
<b>Email:</b>	<span style="border: 1px solid black; padding: 2px 30px;"></span>	<span style="border: 1px solid black; padding: 2px 30px;"></span>
<b>Work Phone/Cell Phone:</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>First Language:</b>	<span style="border: 1px solid black; padding: 2px 20px;"></span>	<span style="border: 1px solid black; padding: 2px 20px;"></span>
<b>Occupation/Employer:</b>	<span style="border: 1px solid black; padding: 2px 30px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span>	<span style="border: 1px solid black; padding: 2px 30px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span>
<b>Sacramental Info:</b>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>	<b>Baptized?</b> <input type="checkbox"/> <b>Catholic?</b> <input type="checkbox"/>
<b>Dates (mm/dd/yyyy):</b>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>	<span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span> / <span style="border: 1px solid black; padding: 2px 5px;"></span>
<small>(Single, Married, Separated, Divorced, Annulled)</small>	<b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>	<b>Reconcil?</b> <input type="checkbox"/> <b>First Eucharist?</b> <input type="checkbox"/> <b>Confirmed?</b> <input type="checkbox"/>
<b>Marital Status:</b>	<span style="border: 1px solid black; padding: 2px 10px;"></span> <b>Valid Catholic Marriage?</b> <input type="checkbox"/>	<span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span> / <span style="border: 1px solid black; padding: 2px 10px;"></span>

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<small>(Son, Daughter, Mother Father etc.)</small>					
<b>Check if Sacrament Received. Add Date if known.</b>	<b>Baptism</b> <input type="checkbox"/>	<b>Catholic?</b> <input type="checkbox"/>	<b>Eucharist</b> <input type="checkbox"/>	<b>Reconciliation</b> <input type="checkbox"/>	<b>Confirmation</b> <input type="checkbox"/>
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