

Please Print

Last Name
First Name
Spouse's Name

PARISH REGISTRATION
ST. JOSEPH CHURCH
 157 Lucinda Lane • Watervliet, MI 49098
 Telephone: (269) 463-5470 Facsimile (269) 463-4642

OFFICE USE ONLY
<i>Envelope #</i>
<i>Date of Registration</i>
<i>Welcome Packet</i>
<i>Date of Withdrawal</i>

Mailing Address (How you want your mail addressed.)

Mr. and Mrs./Ms., etc. First Name Middle Initial Last Name

Number Street Apartment/Building Number City State Zip Code

Home Phone Work Phone Cell Phone

Email Address Spouse's Work Phone

Please complete the following section (in full) for yourself and persons living with you.

Name <small>List only those living with you. Include last name, if different from you.</small>	Sex	Date of Birth and Place	Religion	Baptized (Yes, No) <small>If Yes, When and Where (Baptized Roman Catholic, Eastern Orthodox, Protestant, Other)</small>	First Communion (Yes, No)	Confirmed (Yes, No)	Marital Status <small>(Never Married, Currently Married, Widowed, Separated, Divorced, Marriage not Recognized by the Church)</small>	Marital Information <small>(When, Where, By Whom)</small>	Mass Attendance <small>(Regular, Occasional, Seldom, Never)</small>	Occupation or Name of School and Grade/Level
You										
Spouse										
Children										
Others living with you and how related										

Is anyone living with you chronically ill ? No Yes
 Would they like to be visited? No Yes--Name(s): _____
 If we publish a parish directory, do we have your permission to publish your phone number? No Yes – Specify number: _____