



St. Joseph Roman Catholic Church
 15 North Avenue P.O. Box 439, Millbrook, NY 12545

Telephone (845) 677-3422
 Fax (845) 677-3423

REGISTRATION FORM
 Please print legibly

Head of Household: _____
First Name Last Name

Home Address: _____ City: _____ Zip Code: _____

Phone: _____ Cell: _____ email: _____

Occupation _____

Marital Status _____ Married in Catholic Church Date: _____ Name of Church and Location: _____
(Please Check One)
 _____ Married but not in Church
 _____ Divorced _____ Separated _____ Widowed _____ Engaged _____ Single

Spouse _____ Occupation _____

Maiden Name (if applicable) _____

Sacramental Information of Family and Others Living in Same Household								
<small>(include Head of Household & Spouse if applicable)</small>								
Name	M/F	Date of Birth	Religion	Baptized	Communion	Confirmation	School & Grade	Relationship
Head of Household								
Spouse								

Currently Enrolled in CCD? _____ If Yes, please circle name(s) above. Would you like to receive WEEKLY ENVELOPES? _____

In what capacity do you currently serve the Parish? (ex. Usher, Lector, CCD Teacher, etc.) _____

In what capacity are you interested in serving the Parish? _____

Number of Years a Parishioner at St. Joseph? _____ Former Parish Name & Location _____

OFFICE USE ONLY	Entered:
Date Sent: / / Date Received: / /	Envelope # _____ Registration in Logos: _____

Please print additional information on back of form.