

PARISH REGISTRATION INFORMATION

NAME _____ DATE _____

PHONE NUMBER (with Area Code) (H) _____ (O) _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP CODE _____

Are you interested in receiving envelopes for the Sunday collection? Yes No

Do you attend the Weekday Mass? Yes No

Are you interested, or do you know anyone else interested in communion in the home?

Self Other Name or Contact Information _____

ACTIVITIES

Please indicate your interests, skills, and gifts in helping St. Dominic's carry on its mission.

We will be in contact, but please feel free to call the church.

WELCOMING Coordination & Planning Usher Reception Preparation Other (Please Specify): _____

LITURGY Coordination & Planning Altar Server Lector Eucharistic Minister Music Choir Contemporary Ensemble Instrumentalist Cantor Other (Please Specify): _____

SOCIAL CONCERNS Coordination & Planning SOME Meals Prison Ministry Disability Project Transportation Hotline Pro-Life Activities Legislative Network Home & Hospital Visitation Other (Please Specify): _____

EDUCATION Coordination & Planning Lectures Education Materials Book Store Other (Please Specify): _____

SACRISTY Coordination & Planning Housekeeping Handyman Flower Arrangement Other (Please Specify): _____

OTHER Third Order of St. Dominic Knights of Columbus Grounds and Maintenance Publicity

HOUSEHOLD MEMBER INFORMATION Please only enter people who are presently residing in your household or who are temporarily away for college or military service

	Head 1	Head 2	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child
First Name						
Last Name						
Date of Birth (mm / dd / yy)						
Personal Status						
<i>MC = Married Catholic (recognized by the Church); MO = Married Other; S = Single; W = Widowed; D = Divorced; Sep = Separated</i>						
Religion	<i>C = Catholic; OC = Other Christian; J = Jewish; OR = Other Religion; NR = No Religion</i>					
Disability	<i>B = Legally Blind; R = Mentally Retarded; H = Hearing Impaired; P = Physically Disabled; S = Shut In; O = Other (please specify)</i>					
1 st Language (if not English)						
2 nd Language						
Occupation						
Present Grade (children only)						
Sex (circle)	M F	M F	M F	M F	M F	M F
ethnicity / Race						
<i>A = Asian; B = Black; H = Hispanic; N = Native American; W = White; O = Other (please specify)</i>						
Sacraments Received (check all received)	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism	<input type="checkbox"/> Baptism
	<input type="checkbox"/> 1 st Communion	<input type="checkbox"/> 1 st Communion	<input type="checkbox"/> 1 st Communion	<input type="checkbox"/> 1 st Communion	<input type="checkbox"/> 1 st Communion	<input type="checkbox"/> 1 st Communion
	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Confirmation
	<input type="checkbox"/> Marriage	<input type="checkbox"/> Marriage	<input type="checkbox"/> Marriage	<input type="checkbox"/> Marriage	<input type="checkbox"/> Marriage	<input type="checkbox"/> Marriage
	<input type="checkbox"/> 1 st Penance	<input type="checkbox"/> 1 st Penance	<input type="checkbox"/> 1 st Penance	<input type="checkbox"/> 1 st Penance	<input type="checkbox"/> 1 st Penance	<input type="checkbox"/> 1 st Penance