

# ST JOSEPH PARISHIONER REGISTRATION & UPDATE FORM

## (CONFIDENTIAL - For Church Use Only)

INSTRUCTIONS: Print off both pages. Print clearly and either mail the completed forms to St. Joseph Parish Office, 106 N. Meramec Avenue, Clayton, MO. 63105 or insert forms in an envelope and place in any Mass collection basket.

Today's Date: \_\_\_\_\_

**Please check the following that apply to you:**  New parishioner  Update  Moved

**If anyone is homebound, would they need to receive Communion?**  YES  NO

Preferred Title:  Mr. & Mrs.  Dr. & Mrs.  Drs.  Dr.  Mr.  Mrs.  Miss  Ms.

Family Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Mailing Address: (if different from above address):

\_\_\_\_\_

Home Phone :( ) \_\_\_\_\_  UNLISTED

Fax :( ) \_\_\_\_\_ Cell phone :( ) \_\_\_\_\_ Other phone :( ) \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Previous Parish and Location: \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Widowed

If married, were you married by a priest?  YES  NO

Date and place of Marriage \_\_\_\_\_

Please print clearly and complete the following information for all people living in your home (including non-Catholics and students away at school):

**Heads of Household:**

First Name	Nickname (if applicable)	Middle Name	Last Name (Include Maiden Name)		Date of Birth	Gender	Religion
1-							
2-							
First Name	Occupation	Employer	Business Phone	Sacraments Received ( Include Date )			
				Baptism	Penance	Eucharist	Confirmation
1-							
2-							

**Children/Youth: (if applicable)**

First Name	Nickname (if applicable)	Middle Name	Last Name (if different)	Date of Birth	Gender	Religion	Sacraments Received (Include Date)				School	Grade
							Baptism	Penance	Eucharist	Confirmation		
1-												
2-												
3-												
4-												
5-												
6-												

**Other Adults in Household: (if applicable)**

First Name	Nickname (if applicable)	Middle Name	Last Name (include Maiden Name)	Date of Birth	Gender	Religion	Sacraments Received (Include Date)				Relationship to You	Special Needs Description
							Baptism	Penance	Eucharist	Confirmation		
1-												
2-												

**Parish Participation:** Please indicate below any special interests or skills you have and would like to share to help the parish.

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**Special Preferences:** If you have special preferences for the way mailings or financial statements are handled (e.g. Separate last names for married couples, separate financial statements, no mailing to non-Catholic spouse, etc.), or if you wish to have your name, address or phone number omitted in the parish directory; we want to accommodate you. Please indicate your preferences by giving us an exact example or specific instructions along with a telephone number where you can be reached should we not be clear about your wishes.

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If anyone in your household has special needs -- please contact the Rectory at (314) 726-1221.

Thank you for taking the time to update our information about you and your family.