

ST. AUGUSTINE PARISH REGISTRATION FORM

LAST NAME \_\_\_\_\_ BIRTHDATE MO. DAY YR. / / CATHOLIC YES NO MARITAL STATUS CIRCLE ONE

MR. MRS. MISS. \_\_\_\_\_ M S W D  
FIRST NAME---MIDDLE NAME

WIFE \_\_\_\_\_ M S W D

LAST [MAIDEN] FIRST MIDDLE MARRIAGE  
BIRTH DATE CATHOLIC DATE  
MO. DAY YR. YES NO CHURCH

E-MAIL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

EMPLOYMENT YOURSELF \_\_\_\_\_

SPOUSE \_\_\_\_\_

CHILDREN AND OTHER FAMILY MEMBERS WHO LIVE WITH YOU

	BIRTH DATE	BAPTIZED	CONFIRMED	SCHOOL & GRADE	ATTEND CCD OR RELIG. ED.
_____	/ /	YES NO	YES NO	_____	YES NO
_____	/ /	YES NO	YES NO	_____	YES NO
_____	/ /	YES NO	YES NO	_____	YES NO
_____	/ /	YES NO	YES NO	_____	YES NO
_____	/ /	YES NO	YES NO	_____	YES NO
_____	/ /	YES NO	YES NO	_____	YES NO

I WOULD LIKE TO VOLUNTEER AS A: LECTOR, USHER, EUCHARISTIC MINISTER, SERVER, CCD TEACHER, ORGANIST, PLAY GUITAR, OR OTHER INSTRUMENT, SING IN THE CHOIR, PARISH COUNCIL, WORSHIP COMMISSION, FINANCE COMMISSION, BUILDINGS & GROUNDS, ROSARY ALTER SOCIETY, YOUTH MINISTRY, OR TO VISIT THE SICK AND ELDERLY.