# Registration for Saint Jude Catholic Church

**Please print or type:**

**Office Use Only**

ID Number _____
Date Entered _____
H:\My Documents\Forms\Registration.qxp
J:\Share\Registration Form.pdf

Today's Date_____
Month, Day, Year

Send correspondence to:_____
Last name, First name(s)

Address _____ Apt. #_____ Cell phone_____

City/State _____ Zip_____ Home phone _____

Please circle **one:** New Registration Re-registration (previously registered at St. Jude)

Please circle **ALL** that apply to you: Single Married Separated Divorced Widowed Re-married Blended family Other_____
(Be specific)

For your convenience, contribution envelopes will be mailed to you.
Please indicate if you want envelopes _____monthly or ____weekly.

**Please list yourself first, then list each other person who lives in your household. If more space is need, use additional sheet.**

| Member Information<br>First name Initial Last name | Relationship to you (e.g. spouse, child, parent, etc.) | Birthdate (m/d/y) | Sex | Religion | Baptism (Catholic Church) | Reconcili-ation (Penance) | First Com-munion | Confir-mation | Marriage (Catholic Church) | Occupation or Grade in school | Business Phone and Ext./Cell |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Self | | M<br>F | | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | | |
| | | | M<br>F | | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | | |
| | | | M<br>F | | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | | |
| | | | M<br>F | | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | | |
| | | | M<br>F | | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | | |
| | | | M<br>F | | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | | |