Registration for Saint Jude Catholic Church

Please print or type:

9405 W Florida Avenue, Lakewood, CO 80232 303-988-6435

Office Use Only

ID Number _____

Date Entered _____

J:\Share\Registration form 2017.docx

Today's Date_____
Month, Day, Year

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

Address _____Apt. #_____ Cell phone_____ Home phone _____

City/State _____ Zip_____ Email_____

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

Please circle **ALL** that apply to you: Single Married Other_____

For your convenience, contribution envelopes or online giving through Faith Direct is available.
Please indicate if you want envelopes _____**monthly** ____**weekly** **or** **online giving** _____*Information will be emailed to you.

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

Member Information First name Initial Last	Relationship to you (e.g. spouse, child, parent, etc.)	Birthdate (m/d/yy)	Sex	Religion	Baptism (Catholic Church)	First Communion	Confir-mation	Marriage (Catholic Church)	Occupation or Grade in school	Business Phone and Ext./Cell
	Self		M F		Yes No	Yes No	Yes No	Yes No		
			M F		Yes No	Yes No	Yes No	Yes No		
			M F		Yes No	Yes No	Yes No	Yes No		
			M F		Yes No	Yes No	Yes No	Yes No		
			M F		Yes No	Yes No	Yes No	Yes No		
			M F		Yes No	Yes No	Yes No	Yes No		