

**St. Michael Catholic Church**  
**Membership Registration Form/Updated Parishioner Information Form**

New Members please fill out for each member of the household

(Please include those who are not Catholic)

FAMILY MEMBER TYPE:  HEAD OF HOUSEHOLD     SPOUSE     SON     DAUGHTER  
 OTHER \_\_\_\_\_ (List relationship)

FAMILY NAME: LAST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
FIRST: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_  
MAIDEN: \_\_\_\_\_ TITLE: MR./MRS./MS./MISS/DR. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_  UNLISTED WORK: \_\_\_\_\_ EXT. \_\_\_\_ CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

STUDENT: SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ Married      By a Priest \_\_\_\_\_ Yes \_\_\_\_\_ No  
                         \_\_\_\_\_ Divorced      Annulment \_\_\_\_\_ Yes \_\_\_\_\_ No  
                         \_\_\_\_\_ Single      \_\_\_\_\_ Separated      \_\_\_\_\_ Widowed

PERSONAL INFO:                      \_\_\_\_\_ Male      \_\_\_\_\_ Female

MEMBER STATUS:      \_\_\_\_\_ Active      \_\_\_\_\_ Inactive      \_\_\_\_\_ Other religion

SHUT-IN:      \_\_\_\_\_ Yes      \_\_\_\_\_ No      ATTEND PSR CLASSES \_\_\_\_\_ YES      \_\_\_\_\_ NO

**SACRAMENTS: \*\* Very important to put dates and locations.**

BAPTISM:            DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
PROF. OF FAITH:    DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
FIRST COMMUNION: DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
CONFIRMATION:    DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
MARRIAGE:         DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
VALIDATION:        DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
ORDINATION/VOWS: DATE: \_\_\_\_\_ PARISH: \_\_\_\_\_ LOCATION: \_\_\_\_\_

MINISTRIES: (If you are interested in serving with any of the following, please mark and you will be trained)

\_\_\_\_ Eucharistic Minister    \_\_\_\_ PSR Teacher    \_\_\_\_ Lector    \_\_\_\_ Usher    \_\_\_\_ Mass Server  
  
\_\_\_\_ Money Counter    \_\_\_\_ Choir    \_\_\_\_ Other

If you have any other skills or talents you could use to serve the Parish community, let us know:

\_\_\_\_\_  
\_\_\_\_\_

DATE YOU REGISTERED AT ST. MICHAEL PARISH: \_\_\_\_\_    PARISH ID OR  
ENVELOPE #: \_\_\_\_\_

PREVIOUS PARISH: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

DO YOU WISH TO RECEIVE CONTRIBUTION ENVELOPES?    \_\_\_\_ YES    \_\_\_\_ NO