

**GOOD SHEPHERD CATHOLIC CHURCH
PARISH REGISTRATION FORM**

DATE: _____

LAST NAME **FIRST NAME** **MIDDLE INITIAL**

ADDRESS **CITY** **STATE** **ZIP CODE**

PHONE **EMAIL ADDRESS**

EMERGENCY CONTACT: In case of an emergency, is there someone we can call:

NAME **ADDRESS** **RELATIONSHIP** **PHONE NUMBER**

I/We have just moved from _____

I/We are transferring our membership from _____ (Parish)

I/We would like to become more involved in _____

I/We are interested in learning more about _____

I/We would like to volunteer for the following ministries.

(Altar Servers, Choir/Musicians, Eucharistic Ministers, Lectors, Ministers of Hospitality,
Funeral Luncheons (food providers) (food servers))

Family Member				
Ministry				
Ministry				
Ministry				
Ministry				
Ministry				
Ministry				

I/We would like to receive the Criterion, the Archdiocesan Catholic Newspaper (Optional \$22/Yearly Subscription) Yes _____ No _____

PLEASE COMPLETE THE REVERSE SIDE

PDS _____ OSV _____ Envelope # _____
Office use only

	HEAD OF HOUSE	SPOUSE	CHILD	CHILD	CHILD
FIRST NAME					
LAST NAME					
SEX M/F					
MARITAL STATUS					
RELIGION					
LANGUAGES SPOKEN					
OCCUPATION					
COMPANY					
BUSINESS PHONE					
SCHOOL ATTENDING					
HIGHEST GRADE/DEGREE EARNED					
DATE OF BIRTH					
DATE OF BAPTISM					
PLACE OF BAPTISM					
DATE OF 1ST COMMUNION					
PLACE OF 1ST COMMUNION					
DATE OF CONFIRMATION					
PLACE OF CONFIRMATION					
DATE OF MARRIAGE					
PLACE OF MARRIAGE					
Please list any disabilities, or special needs					